DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: should be described for use with the State Dept. of Hea IMPORTANT. If hem 21 is in

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STATE OF MARYLAND

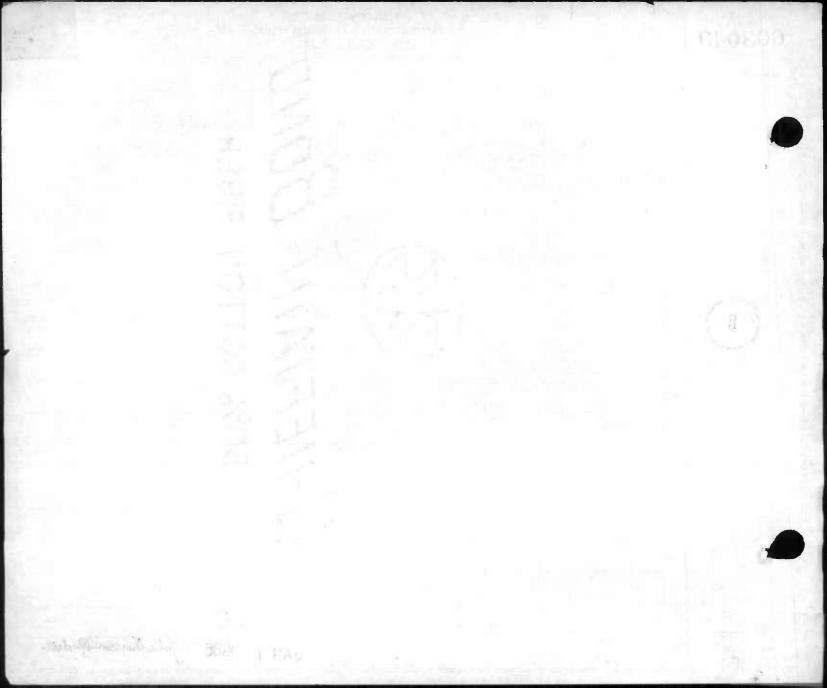
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| FOR STATE REGISTRAR | | DEPARTMENT OF CERTI | HEALTH AND ME | | NE O S | | SS | 3 1 |
|--|---------------------------|--|------------------------|--------------------------|---------------------------|----------------|-----------------|-----------------------------------|
| I. DECEASED NAME FIRST | MIDDLE | | LAST | 1 2 | | MONTH | DAY YEAR | 7b HOUR |
| Hd Am | s Girl | A | | 1 3 | | 2 | 19 85 | 245 A |
| 3. SEX | 4 RACE | | OF BIRTH | 6 | AGE (IN YEARS LAST BIR | THDAY | IF UNDER I YEAR | IF UNDER 24 HRS |
| female | 1 black | MON 1 2 | | 85 | 3dA4 | S YRS | MONTHS DATS | HOURS MIN. |
| To BIRTHPLACE I STATE OR FOREIGN | 76 CITIZEN OF WHA | T COUNTRY? 8 | | 1/9 | BALTIMORE CITY O | | Y OF DEATH | |
| Maryland | USA | MARRI | | RCED T | Balto | mor | e Cit | 1 M |
| 10 CITY OR TOWN OF DEATH | | ITAL, NURSING HOME | | | To USUAL OCCUPATI | ON | 126 KIND C | F BUSINESS OF |
| partimore | UNN | . 0+ M | d | 1 | none | | ** | |
| USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO | | SESSIDENCE BEFORE ADMISSION BUT OR TOWN BUT HOTE | 134 INSIDE CITY | LIMITS? | 30 STREET ADDRESS | ZIP COD | the St | 2120 |
| 14. FATHER'S NAME | MIDDLS | LAST | 15 MOTHER'S A | NAIDEN NAME ST NEC | MIDDLE | , | Adi | IM C |
| 160 WAS DECEASED EVER IN U.S. | | SOCIAL SECURITY NO. | 17 INFORMANT | | ADDRE | SS | | |
| (YES NO OR UNKNOWN) (IF YES | GIVE WAR OR DATES) | none. | | | | | | |
| 18 CAUSE OF DEATH (Enter | anly one cours par line f | | | | | | APPROX | IMATE INTERVAL ONSET AND DEATH |
| PART I. DEATH WAS CAL | SED BY: | | ematu | 11. | | | BETWEEN | ONSET AND DEATH |
| IMMED | IATE CAUSE (a) | COCO C P. | 0 1110110 | C1 . ~ . | | | | |
| | DUE TO, OR AS | a consequence of | | | | | 4 | |
| Conditions, if any, which | (b) | | | | | | | |
| gove rise to immediate cause (a), stating the | DUE TO OR AS | A CONSEQUENCE OF | | | | | | |
| underlying cause lost | ((c) | | | | | | | |
| PART 2 OTHER SIGNIFICAN | T CONDITIONS CONTR | IBUTING TO DEATH BU | T NOT RELATED, TO | THE TERMIN | AL DISEASE OR CON | DITION GI | VEN IN PART 1 | 0 |
| 8 Probab | | vyntrica | . 11 | morr | 1 | | | |
| 190 DATE OF OPERATION | | FOR WHICH OPERATION | ON WAS PERFORM | NED | 20a AUTOPSY? | 20b IF YE | S, WERE FINDIN | NGS USED |
| Prohab 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | | | | YES NOT | | FYING CAUSES | OF DEATH? |
| 710. ACCIDENT WAS UNDERLYING | 71b. TIME OF INJ | URY | 21c HOW INJU | RY OCCURRED | | | | 140 |
| | 1100.00 | MONTH DAY YEAR | | | > (ENTER NATIONE OF 1970) | ., ., ., ., ., | 781.104781727 | |
| (IF EITHER NOTIFY MEDICAL EXAMI | | 19 | THE LOCATION | | | | | |
| OR CONTRIBUTING CAUSE OF IF EITHER NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 71e PLACE OF IN | CTORY, OFFICE, FARM, ETC.) | ZII LOCATION STREET | | CITY OR TO | WN | COUNTY | STATE |
| 77a. I certify that (I) (this ho | spital) ottended the dec | eased from 12- | 16 | 19 85 | . to /2- | 19 | 19 85 | that (I) (we) las |
| saw the deceased dive above (1)(we) (did) did | on | 19 85 . 0 | and that in my ou | ı≠) apinian dec | ath accurred on the do | te and had | ur and from the | causes stated |
| 22b. SIGNATURE | nati view the body after | death | DEGREE | | | _ | 224. DATE | SIGNED |
| 10 Aug | des nus | | | | MEDICAL STAF | | 12. | -19-85 |
| 224 PHYSICIAN'S NAME (TYPE | E OR PRINT) | | 77e ADDRESS | ISICIAN [] | DIRECTOR [] PHYSIC | IAIN DU | | ,, 0, |
| Donna L. | Snyder | | 225 | Gree | ene St. | Bo | alt. N | 14 |
| 30 BURIAL, CREMATION, REMOV | AL 23b. DATE | 23c NAME OF | CEMETERY OR CRE | MATORY | 73d LOCATION | | COUNTY | STATE |
| Removal | 12/26/8 | 35 | | | CITORTOWN | | COUNTY | STATE |
| 24 FUNERAL DIRECTOR | | | | 25a DATER | 7 1986 RAR | 256-RE4-15 | IAME SACT | Hands 22 |
| Anatomy E | Board | ADDRESS Balt | o. Md. | JAN | 1 1200 | U | (J. 23.) | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

Anatomy Board

Balto., Md.



07/84 25M

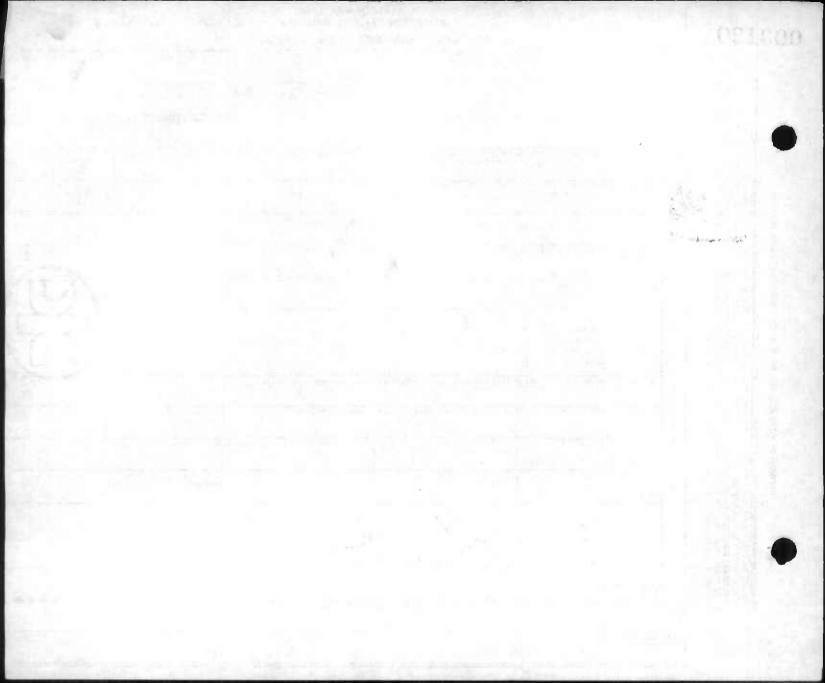
BP. **DHMH - 17** (VR A15 ME (5))

| STATE OF MARYLAND | , 1 |
|---|-----|
| DEPARTMENT OF HEALTH AND MENTAL HYGIRSE | 5 |
| AMERICAL EVALUATION CONTINUES OF DEATH | |

| K | AL | EXAMINER'S | CERTIFICATE OF DEATH | |
|---|----|------------|----------------------|--|

| | 3 | 9 |
|-----|-----|---|
| REG | NO. | |

| 1 | 1 - 5 | FOR STATE REGISTRAR | | MED | EPARTMENT OF | HEALTH | | | YGIESE 5 S | 5 3 | 3 | 9 |
|-----|-----------------------|---------------------------|------------------------------------|----------------------------|--------------------------|---------------|-------------------|--------------|--|----------------|------------------------------|---------|
| 1 | DEC | EASED NAME OR PRINT) | Edith | | MIDDLE | 7 -7- | LAST | | 20 DATE KNOWN DEATH MATED X | MONTH | DAY YEAR | 26 HOUR |
| | SEX | | EQT CI | 5. DATE OF BIRTH | M. IA AGE UN | Ada | | UNDER 2 | | X 12-2 | 29 19 85 | 2d HOUR |
| ľ | . JEA | | T NACE | MONTH DAY | YEAR LAST BIRTI | | | HOURS 2 | MIN PRONOUNCED | 10 1 | | 4:22 |
| | fer | nale | lblack | 7 28 | | YRS. | | | DEAD | 12-2 | 29 19 85 | р. м |
| N | FOR | REIGN COUNTRY) | STATE OR | 78 CITIZEN OF WH | AT COUNTRY? | MARR | IED NEVE | R MARRIE | BALTIMORE CITY | OK COUNTY | OF DEATH | |
| | | Va | | USA | | WIDOV | / \ | DIVORCE | 1 DOLL CLINGLE | | | MD |
| V | 0. CIT | Y OR TOWN | OF DEATH | | PITAL, NURSING HO | | ER INSTITUTI | NC | 12d USUAL OCCUPATION (TYLE FOR MOST OF WORKING LIFE) | PE OF WORK | OR INDUSTI | |
| ٦ | Ba | altimo | re | | ıtaw Place | | . B-1 | | Retired | | Domesti | C |
| ä | UA | | | OR OTHER INSTITUTION, GIVE | | 55(ON) | 13d. INSIDE CITY | LIBRITES I | 13e. STREET ADDRESS | | | |
| Ŋ | | Md | 138. COOK | T T | Baltimor | | YES X | NO [| 1903 Eutaw | Dlace | ADE 217 | |
| 1 | ŧΑ | THER'S NAM | E | / | | | 15. MOTHER | SMAIDEN | NAME | Tace | Whr n I | |
| 1 | 11 | James | | WIDDLE | No so so it | - | A so se | | WIDDIE | | LAST | |
| 7 | | | D EVER IN U.S. AR | MEDEODCES? | Norris | | Ann 17 INFORMA | | M. ADDRES | 3 | Conway | |
| 1 | | S, NO, OR UNKN | | WAR OR DATES) | | | | | | | | |
| | | NO | | | 225-20-95 | 248 | <u> Edith</u> | М. Н | Pope 217 A Ath | olgate | | |
| | | 18. CAUSE C | EATH WALE ALICE | ly one cause per line I | | | | | | | APPROXIMATE BETWEEN ONSET | |
| 1 | | TAKITO | AMMEDIA | TE CAUSE (0) Art | cerioscler | otic | Cardio | rascu | lar Disease | | | |
| 1 | | | (- | DUE TO, OR | AS A CONSEQUENC | E OF | | | | | | |
| | | | ins, if any which ise to immediate | (b) | | | | | | | 1.14-70 | |
| 1 | | couse (o |) stating the under- | | AS A CONSEQUENC | E OF | | | | | | 171 |
| | 7 | lying ca | use last. | (6) | | | | | | | 1 | |
| 1 | 11 | PART 2 OTHER S | IGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TE | RMINAL DISEAS | E OR CONDITION (| IVEN IN PART | T I (a) | | | |
| 4 | Z | 100 | | | | | | | | | | |
| 0 | MEDICAL CERTIFICATION | 19a. DATE O | FOPERATION | 196 CONDITI | ION FOR WHICH OP | ERATION W | AS PERFORM | ED? | | | 20 AUTOPSY? | , |
| 1 | FIC | | | | | | | | | | VEC 🗆 | NO 1737 |
| | ERT | 21a. FXTERN | AL CAUSE WAS | 21b. TIME OF | INTURY | 71c H | OW IN IUPY C | CCUPPED | ENTER NATURE OF INJURY IN ITEM 18 | BART 1 OR BART | YES . | NO XX |
| 9 | IC | UNDERLYIN | G DOR | HOUR A.M. | MONTH DAY YE | AR | 011 1110001 | CCOMMED | , (2.112.11.11.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12 | TAN TON TAN | • / | |
| | 2 | 21d. INJURY | ING CAUSE OF | | FINJURY (ATHOME. | 215.10 | CATION | | | | | |
| | WEL | WHILE | NOT WHILE | | DRY, FARM, ETC.) | | STREET | | CITY OF TOWN | COUN | ITY | STATE |
| | - | AT WORK | AT WORK | | | | | | | | | |
| 1 | | 22a, I cert | ify that I took chare | ge of the remains desc | wheel alsove, held on | Autas | sv . | Inspection | Inquiry . a | nd in my opin | uon | |
| 1 | | deoth resul | | rol causes XX. | | Sylicide | Homicia | | Undetermined manner | 7 | | |
| - | | 00011110301 | 10. | 5 100 | 1 01 | 140 | TITLE (SPE | | ondetermined manner | | | |
| 1 | | ACTUAL | Nelli | 140/18/ | me JAI | Mus | 70 | | | DATE | 12-30 | -85 |
| 49 | | SIGNATURE | | W C | July - 1 | N | ASS1 | cant | MEDICAL EXAMINER | SIGNED | 12 30 | 05 |
| 1 | - | EXAMINER'S | NAME Den | nis F. Smy | TH M D | | | 111 P | enn St., Balto | Md | 2120 | 1 |
| 1 | 22 a D1 | (TYPE OR PR | ATION, REMOVAL | | 23c NAME OF C | EMETERY | | | 123d. LOCATION | 110 | . 2.20 | |
| | (56 | Bur | | | | | | | CITY OR TOWN | COUNT | | ATE |
| 1 | 24 EI | JNERAL DIRE | | 1/3/86 | Cedar H | 1111 | emeter | | Anne Arunde | | | ID |
| | | | | F/H West | 1200 11-1 | l- ^ | | DEC | D | ISTRAK 5 SK | SINATURE | |
| - 1 | IAI | IIII am | U. Marcr | ir/H west | 4300 Waba | asn Av | enue | DL | 3 1 1985 June | Will her how | (del and a free | |

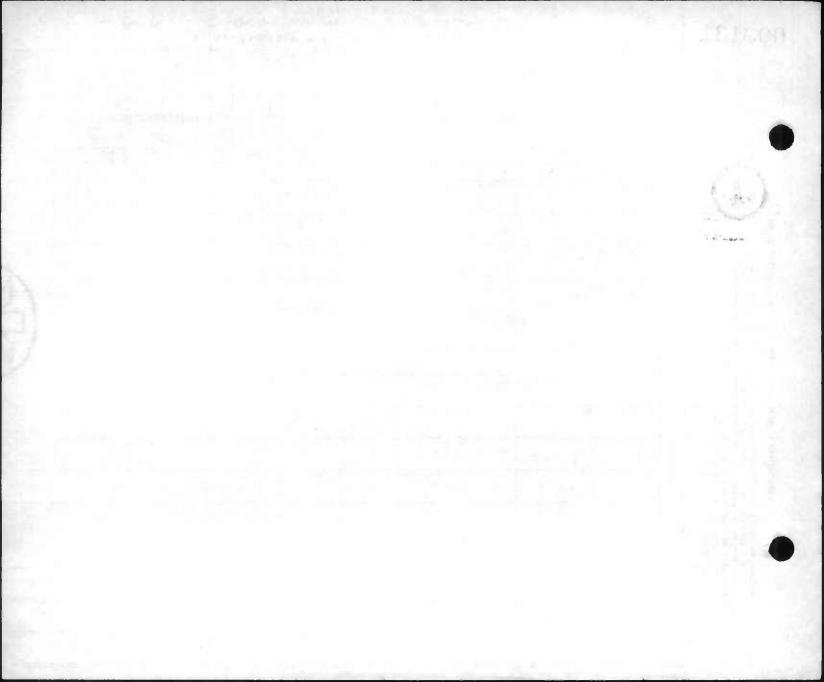


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| USLUL | 1. | REGIS | | | ME | DICAL | EXAMIN | ER'S C | ERTIFIC | CATEO | FDEATH | REG. | NO. | | |
|---|------|--------------------|---|------------------------------------|----------------------------------|--------------|---|--------------|--------------------|---------------|---------------------|--------------------------|------------------|---------|--------------|
| 26 or 10 € | | TYPE OR PR | ED NAME | FIRST MI | LDRED | JANE | Al | EXAND |)FR | 17.1-1 | | OF ESTI- | MONTH 12 2 | | AR 2b. HO |
| DIRECTO DUR FILE ON STREE | | fema | | ack | 5 DATE OF BIRTH | 1905 | 6. AGE (IN YE. LAST BIRTHD) 80 YE | ARS IF UN | IDER 1 YR. | IF UNDER 2 | MIN. PRO | DATE PNOUNCED DEAD | | 9-85, | 2d HO 3:2 |
| FUNERAL 5 FOR Y | 3 | FOREIGN | ACE (STATE OF | | USA | | | WIDOW | | DIVORCE | | Baltimore city Baltimor | e City | | , |
| AREA ! | 0 | Balt | imore | / | ST. AGN | IES ON H | OSPITA | L | ER INSTITUT | ION | FOR MOST | of working life) | THE OF WORK | OR IND | USTRY |
| (類) | | STATE | | 138. COUN | | 13c. CITY | or town imore | | 13d. INSIDE (1 | NO X | 13e. STREET 5900 | D Johnso | n Stre | et 2 | 1228 |
| 1 - 1 0 E | 1 | N/A | | | MIDDLE | | LAST | | N/A | R'S MAIDEN | NAME | MIDDLE | | LAST | |
| AFTER D H FORM AGES I. | 2 16 | | ECEASED EVE OR UNKNOWN) NO | | MED FORCES? WAR OR DATES) | | 05-106 | | Frank | | rhous | addre e 5900 J | | Stre | et |
| S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITHIN THE WITHIN THE WORD "PENDING" IN FENCIL IN ITEM IS DED TO THE CHIEF MEDICAL EXAMINER ALOND BE USED AS A BURIAL. TRANSIT PENDING FOR PROPERIOR OF HEALTH AND MENTAL HYGIENE OF PROPERLY CREMATION. OR REMOVAL | | | Canditians, if gave rise to cause (a) statir lying cause las | any, which immediate ag the under- | DUE TO, OI | R AS A CON | SEQUENCE O | OF | lon | | | | | | |
| BE DECL NDING" EDICAL S.A. BUR LITH AND | 3 | | 2 OTHER SIGNIFICA | ANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELA | TEO TO THE TERM | INAL DISEASE | OR CONDITION | GIVEN IN PART | [] (a). | | | | |
| Section 1 | | 190. | DATE OF OPER | RATION | 19b. COND | ITION FOR V | WHICH OPER | ATION W | AS PERFOR | MED? | | | | 20 AUTO | |
| TIFICATE SHAUR 3 THE WORD TO THE CHIEF HOULD BE USE ARTMENT OF HOR TO BURINE | 3 | 210. UND CON | EXTERNAL CAL ERLYING [ITRIBUTING [| OR | | M. MONTH | DAY YEAR | 21c HC | OW INJURY | OCCURRED | (ENTERNATU | RE OF INJURY IN ITEM | 18 PART 1 OR PAR | 2) | |
| WRITING WRITING ARDED AGE 3 SH ATE DEP | 2 | 21d WHI AT V | NJURY OCCU | T WHILE C | | OF INJURY | | | CATION TREET | | Cn | Y OR TOWN | COU | NTY | STAT |
| AL EXAMINER THE CERTIFICATE, IOULD BE FORM AL DIRECTOR: PIH, WITH THE ST. MARYLAND, 2 | | dec | 2a. I certify tha oth resulted fra | t I taak charg | e of the remains de al causes X, | Accident | | Autop: | Hamic TITLE (SI | PECIFY) | Undetermi | ned manner | DATE 1 | 2-30- | 85 |
| EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH | 4 | EXA/ | MINER'S NAME OR PRINT) | | garita A. | | | | 11 | 1 Pen | n Stre | eet | 310114 | | |
| 84 BP | | (SPECIFY | cremation, Burial | | 36. DATE 1/3/86 | 1 | ikeviev | | orial | Park | | sville | COUNT | | STATE MD |
| DHMH - 17 (VR A15 MF (5)) | 74 | - | liam c. | March | F/H Wes | t 4300 |) Wabas | sh Av | enue | DATE EL | 631 | SISTRAP 256 RE | GISTRAR'S SI | SNATURE | 4 |



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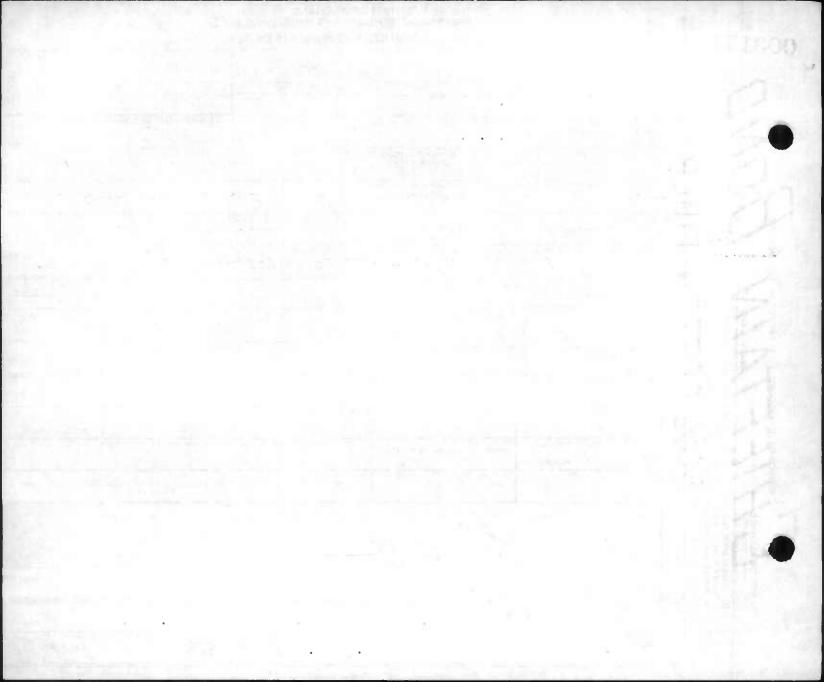
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| 1. D | REGISTRA | | IAI | EDICALEXA | MINER'S | EKTIFICATE | OF DEA | REC | G. NO. | | |
|-----------------------|---|---|---|--|---|--|---------------|-----------------------------------|-------------------|---------------------------|-------------|
| | ECEASED N | | | WIDDLE | | LAST | | OF ESTI- | | DAY YEAR | 2b_F |
| | | Paul | | | Alexa | | | DEATH MATE | 12. | -29 19 85 | , |
| 3. SE F € | emale | Black | Aug. 27 | ,1922 6 | BIRTHDAY) MONTH | | | PRONOUNCED DEAD | 12· | -29 19 85 | 12 |
| 70 E | BIRTHPLACI OREIGN COUN LYGIY | (STATE OR | U.S. | VHAT COUNTRY? | | IED NEVER MA | ARRIED | Baltimore C | | | |
| | Balti | | (IF NOT IN SUCH | OSPITAL, NURSING FACILITY, GIVE STREET AI Versity H | DORESS) Nospital | ER INSTITUTION | | ALOCCUPATION OST OF TORKING HE | | 126 KIND OF B OR INDUS | USIN TRY |
| Msu Ma | aresider aryla | nd Jab. Cou | | Ball Cit | | 13d INSIDE CITY LIMITS | 321 | 4 ^D65 c1 | ron Co | ourt 21 | 20 |
| 14. F | FATHER'S N FIRST | Louis | MIDDLE | Fallin | | | larie | WIDDLE | Tayl | lor LAST | |
| 160 | WAS DECE VES. NO. OR U NO | ASED EVER IN U.S. AI | RMED FORCES? (A MAR OR DATES) | | ECURITY NO. 4-2487 <i>F</i> | Joyce | Jeffr | | ress 14 Doy | cron C | t. |
| - | 18. CAU | E OF DEATH (Enter o | | | | | | | | APPROXIMA BETWEEN ONS | |
| 10. | | IMMEDI: | ED BY: ATE CAUSE (o) | Arteriosc | :lerotic | Cardiova | scular | Disease | | | |
| | | | (DUE TO, C | R AS A CONSEQU | JENCE OF | | | | | | |
| | Con- | litions, if ony, which | h | | | | | | | | |
| | | rise to immediat | | | | | | | | | _ |
| | | e (a) stoting the <u>under</u> cause lost. | DUE TO, C | R AS A CONSEQU | ENCE OF | | | | | | |
| | | | (c) | | | | | | | | |
| Z | PART 2 DT | ER SIGNIFICANT CONDITION | IS CONTRIBUTING TO DEAT | M BUT NOT RELATED TO | THE TERMINAL DISEAS | E OR CONDITION GIVEN I | N PART Tiol. | | | | |
| E S | I9e. DAT | OF OPERATION | 196 CONE | DITION FOR WHICH | H OPERATION W | AS PERFORMED? | | | | 20 AUTOPS | /2 |
| 10 | | | 170. 00110 | A TON TON THE | , or environ | ASTEM OMITED. | | | | ZU AUTUFS | |
| <u>a</u> | | | | | | | | | | _ | |
| RTIFI | al EVI | NIAL CALLS WAS | 211 71115 | | | | | | | YES 🗆 | ١ |
| CAL CERTIFI | UNDERL | RNAL CAUSE WAS ING OR UTING CAUSE OF | HOUR A. | DF INJURY M. MONTH DAY M. | YEAR | DW INJURY OCCU | RRED (ENTER N | ATURE OF INJURY IN IT | EM 18 PART 1 OR P | | |
| MEDICAL CERTIFICATION | UNDERL | ING OR UITING CAUSE OF RY OCCURRED NOT WHILE | HOUR A. F DEATH P. 21e PLACE | M. MONTH DAY | YEAR 19 HOME. 21f LO | DW INJURY OCCUI | RRED (ENTER N | CITY OR TOWN | | | |
| MEDICAL CERTIFI | UNDERL' CONTRII 216. INJU WHILE AT WOR | ING OR IUTING CAUSE OF RY OCCURRED NOT WHILE AT WORK | F DEATH P. 21e PLACE STREET, FA | M. MONTH DAY M. E OF INJURY (AT) CTORY, FARM, ETC.) | YEAR 19 HOME. 21f LO | CATION | | CITY OR TOWN | co | OUNTY | |
| MEDICAL CERTIFI | UNDERL' CONTRII 21d. INJU WHILE AT WOR | ING OR UTING CAUSE OF RY OCCURRED NOT WHILE AT WORK certify that took chair | F DEATH P. 21e PLACE STREET, FA | M. MONTH DAY M. OF INJURY (AT) CTORY, FARM, ETC.) | YEAR 19 HOME. 21f LO | CATION TREET sy , Inspec | ction XX , | CITY OR TOWN | | OUNTY | |
| MEDICAL CERTIFI | UNDERL' CONTRII 21d. INJU WHILE AT WOR | ING OR UTING CAUSE OF RY OCCURRED NOT WHILE AT WORK certify that took chair | F DEATH P. 21e PLACE STREET, FA | M. MONTH DAY M. OF INJURY (AT) CTORY, FARM, ETC.) | YEAR 19 HOME. 21f LO | CATION STREET Sy, Inspec | ction XX, | CITY OR TOWN | co | OUNTY | |
| MEDICAL CERTIFI | UNDERL' CONTRII 21d. INJU WHILE AT WOR | ING OR UTING CAUSE OF RY OCCURRED NOT WHILE AT WORK certify that took chair | F DEATH P. 21e PLACE STREET, FA | M. MONTH DAY M. OF INJURY (AT) CTORY, FARM, ETC.) | YEAR 19 21f LO S Id an Autap | CATION TREET sy , Inspec | tion XX, | Inquiry | co | OUNTY | |
| | UNDERLICONTRII 716. INJU WHILE AT WOR 270. I death r | ING OR UTING CAUSE OF RY OCCURRED K NOT WHILE AT WORK certify that I took chait sulfed from: Nati | F DEATH P. 2 le PLACE STREET, FA rge of the remoins d urol causes | M. MONTH DAY M. COF INJURY (AT) CTORY, FARM, ETC.) escribed obove, he Accident, | YEAR 19 HOME. 21f LO S Id an Autap (Suicide | CATION TREET SY , Inspect Homicide TITLE (SPECIFY D. ASSISTA ADDRESS 111 | nt MEDI | Inquiry | ond in my o | OUNTY Depinion ED12-30 | 9-(|

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201



| | 1 | FOR | | | EDADY | | | ARYLAN | | VOIENE ! | | 3 | 3 5 | 2 : | 2 |
|--------------------------|---------------|-----------------------------------|---|--|--------------------------|---|----------------|-------------|----------------|-----------------------|-------------------------|---------------|----------------|-------------------------|---------------|
| | 11- | STATE REGISTRAR | | MED | | MENT OF HE | | | | FDEATH | 1 | DE 0.110 | | | |
| 4053 | 1. DE | CEASED NAME E OR PRINT) | | | MIDDLE | | Ĺ | AST | | 2a | OF ES | REG. NO. | MONTH DA | AY YEAR | 26 HOUR |
| 18688E | 0.653 | | Cindy | | Lee | | | len | | | EATH MA | TED | 12-17 | 7 1985 | ٨ |
| N STR | Fe | male | White | Apr 19,19 | 81 | AGE (IN YEARS LAST BIRTHOAY) YRS. | MONTHS | | HOURS | | DATE NOUNCED DEAD | | 12-17 | 7 1985 | 8:30 |
| 1825 | | RTHPLACE (ST | | 76. CITIZEN OF WHA | | | MARRIE | _ | VER MARRIE | DXLX | | _ | COUNTY O | | |
| 0 | | TY OR TOWN | | 11. NAME OF HOSP (IF NOT IN SUCH FACE | ILITY, GIVE S | RSING HOME, C | ROTHE | R INSTITU | | 12a USUAL FOR MOST | OCCUPATI OF WORKING | ON (TYPE O | F WORK 12b. | KIND OF BU OR INDUST | JSINESS RY |
| 1 | LISLIA | | LIE IN NURSING HOME ! | OR OTHER INSTITUTION, GIVE | RESIDENCE | BEFORE ADMISSION) OF TOWN TIMOre | | | ITY LIMITS? | None | | egist | er Str | eet 2 | 1231 |
| | | THER'S NAME | | t thibale | | LAST | | IS. MOTH | R'S MAIDEI | | | | | LAST | |
| | 16a. V | | EVER IN U.S. AR | | | None | | 7. INFOR | THAN | ey 204 | Α | DDRESS | er St | 2123 | 1 |
| | 7 | 18 CAUSE O PART I DE | ATH WAS CAUSE | TE CAUSE (a) | Smoke | Inhala | tior | 1 | | | | | В | APPROXIMATE | |
| AL, CREWATION, OR REMOVA | | gove ris | ns, if ony, which se to immediate stating the under- use last. | (b) | | ISEQUENCE OF | | | | | | | | | |
| | NO | PART 2 DINER SI | GNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BU | JT NOT RELA | TED TO THE TERMINA | L DISEASE (| OR CONDITIO | N GIVEN IN PAR | T 1 (a). | | | | | |
| | CERTIFICATION | 19a. DATE OF | OPERATION | 19b. CONDITI | ON FOR | WHICH OPERAT | ION WA | S PERFOR | MED? | | | | 20 | YES [| P NOXIXI |
| | | UNDERLYING | CAUSE WAS OR NG CAUSE OF | 0 00 | MONTH | DAY YEAR 17 1985 | | | | rered | | | | | 700 |
| | MEDICAL | 21d. INJURY C WHILE AT WORK | | 21e PLACE O | F INJURY DRY, FARM, E | (AT HOME. | 21f LOC STI | ATION | | | Y OR TOWN | | COUNTY | | STATE |
| | | 22a I certii death resulti | 1. | ge of the remains described | ribid obo | | Autapsy | Hamie | Inspection | - | nquiry | | in my apiniar | 1 | |
| 5 | | ACTUAL SIGNATURE | uelli | w M | rep. | no mi | M.c | Ass. | istant | MEDICA | EXAMINE | | DATE SIGNED | 12-17 | |
| 2 | 23a.BI | (TYPE OR PRII | TION, REMOVAL 2 | nnis F. Sm | 23c. N | NAME OF CEME | ERY OR | CREMATO | ORY | enn St | | Ito., | Md. | 21201 | IATE |
| | 24 FL | Buri JNERAL DIREC | | Dec 20,85 1 Funeral | P. Home | arkwood s. Inc | Cem | etery | 25a. DATER | Balt ECD BY REG | imore | Md SE DECK | | | |
| | 7 | 110 Bel | | Baltimore, | | | | | DEC | 181 | 200 | | | | |

led in by the funeral director, page 3 ld be filed within 72 hours ofter death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicis should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic events that ATTENDING PHYSICIAN. The low retained by the hospital or attending physician. TO HOSPITAL OR

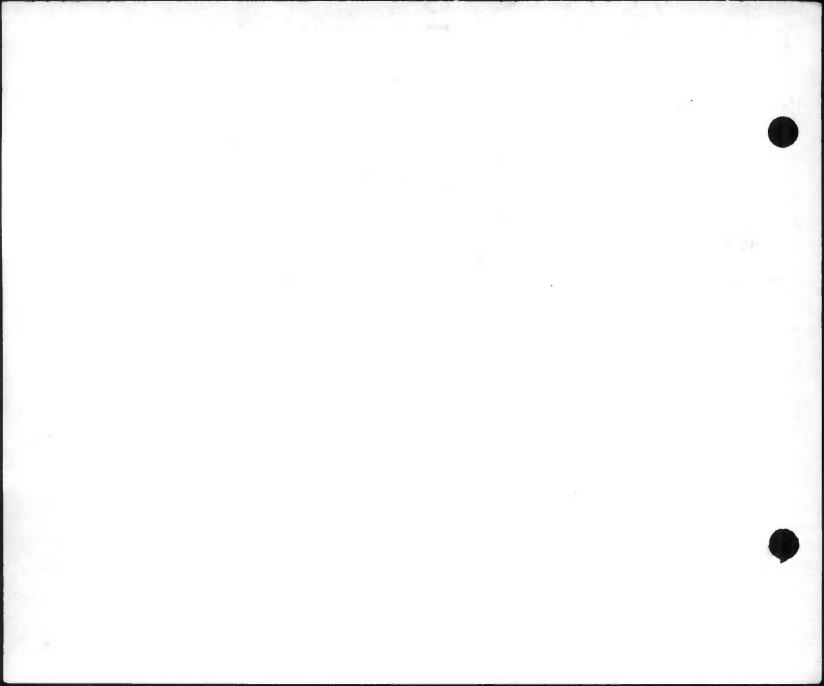
BP. DHMH - 16 50M 4/B3 (VRA 15, 4)

8 STATE OF MARYLAND

| | | | | | | 5"4 |
|-----|---------|-------|------|-----|--------|---------|
| EP. | ARTMENT | OF HE | ALTH | AND | MENTAL | HYGIENE |
| | CE | RTIF | CATE | OF | DEATH | |

3

| 1. | FOR STATE REGISTRAR | | DEPARTM | | EALTH AND MENTAL HYG | REG. N | 10 | | |
|---------------|---|----------------------|-------------------------|-----------|------------------------------|-------------------------|----------------------|-----------------------------------|-------------------|
| 1. DE | CEASED NAME FIRST | | MIDDLE | L | ST | 20. DATE OF DEATH | | YEAR 26. HO | OUR |
| (TYPE | E OR PRINT) | RGE | ΔΤ | LEN | | DECEMBER] | 6 3005 | 1 2 | 7 70 |
| 3. SE | | 4 RACE | 771 | 5. DATE O | E DIDTU | 6. AGE (IN YEARS LAST B | | | I A |
| J. 5E. | A | RACE | | MONTH | | B. AGE (INTERNSTRASTE | MON | | |
| Ma | ale | _Black_ | | 2 | 22 10 | 75 | YRS | | |
| | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY OF | DEATH | |
| 9 | Va- | IISA | | WIDOWE | | BALTIMOR | E CITY | | |
| 10. C | ITY OR TOWN OF DEATH | 11. NAME OF | | G HOME O | R OTHER INSTITUTION | 12a. USUAL OCCUPAT | | 26 KIND OF BUS | |
| | BALTIMORE | THE JO | HEACHITY, GIVE STREET A | INS HO | SPITAL | BRICK' LA | YER ING LIFE! | BETH. S | TEI |
| USU. | AL RESIDENCE (IF NURSING HOME STATE 13b, CO | OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CODE | | |
| 1 | Md. | 31311 | Balto. | 1 | YES NO | 2319 F F | | St 21213 | |
| 14. F.A | ATHER'S NAME | | L Dallu. | | 15 MOTHER'S MAIDEN NA | | eneral | 31.21213 | |
| 1) | FIRST | MIDDLE | LAST. | | FIRST | MIDDLE | | LAST | |
| 1 | Charles | | . Alle | | Susian | | 500 | Brown | |
| | WAS DECEASED EVER IN U.S. / YES NO OR UNKNOWN) (IF YES, 1 | ARMED FORCES? | 166 SOCIAL SECUR | RITY NO. | 17 INFORMANT | ADDR | £55 | | |
| | Yes | | 216-10-27 | 65 | Mrs. Helen | Butler 2319 | F. Eed | eral St | |
| | 18. CAUSE OF DEATH (Enter | only one couse per | line for (a), (b), and | ici.) | | | | APPROXIMATE IN | TERVAL ND DE A |
| | PART I. DEATH WAS CAU | SED BY: | | | a Arrest | | | 20 min | |
| | IMMEDIATE CAUSE (0) Cardiapulmonon Arrest Due to, or as a consequence of | | | | | | | | |
| Z | underlying couse lost. PART 2 OTHER SIGNIFIC AN | (c) | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | NINAL DISEASE OR COM | IDITION GIVEN | IN PART Ira | |
| CERTIFICATION | 190 DATE OF OPERATION | 19b. COND | ITION FOR WHICH | OPERATION | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIFYIN | ERE FINDINGS US G CAUSES OF DE | |
| = = | 21a ACCIDENT WAS UNDERLYING | 21b. TIME C | S INTERV | | 21. HOW IN HURY OCCUPA | | YES | | A |
| | OR CONTRIBUTING CAUSE OF I | Lad Linelin 4 | M. MONTH DA | Y YEAR | 21¢ HOW INJURY OCCUR | (ENTER NATURE OF IN) | JET IN HEM IS PART I | OK PART 2) | |
| OA | THE HUMAN COLOR WEDICAL EXAMIN | JERL P. | М. | 10- | | | | | |
| MEDICAL | 21d INJURY OCCURRED | | OF INJURY | PALETC 1 | 211 LOCATION STREET | CITY OR T | OWN | COUNTY | STATE |
| 2 | AT WORK AT WORK | (| The court, of the FA | | | | | | |
| | 220 I certify that (I) this has | A | 11 | Dec | d that in (my) (our) opinion | death accurred on the | | thor (I | - |
| | sow the deceosed alive obove, (I)(we) (did) did | nat) view the body | after death. | | | oco occorred on me (| | | |
| | 226 SIGNATURE | Belle. | MQ | | ATTENDING PHYSICIAN | MEDICAL STA | | 12/16/ | 85 |
| 1 | 224. PHYSICIAN'S NAME (TYP | E OR PRINT) | | | 22e ADDRESS | | | 4 | 1 14 |
| | STEVEN | Geller | m.D. | | Dept of Medicine | Johns Hopkins | Hosp, 600 1 | V. Browling, | all R |
| | BURIAL, CREMATION, REMOVA | AL 236. DATE | 23c N | AME OF C | METERY OR CREMATORY | 23d LOCATION | | V. 1.17.4 | STATE |
| | Burial | 12- | 20-85 Ar | hutus | Mem. Pk. | Balti | | Md. | STATE |
| 24 FI | UNERAL DIRECTOR | | 20 00 1 711 | Ducu. | 25a, DAT | E REC'D. BY REGISTRA | 25b. REGISTRAR | | 200 |
| | NAME | E //\ 4464 | ADDRESS | | UC | U 1 9 1985 | ina vac | Jacon-Maylo | 128 |
| LV | Vm. C. March | F/H 1101 | E. North | Ave. | | 3.0 | Υ | 1 | - 8 |



352034

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | | | ATTICATE OF DEATH | REG. NO. | | |
|--|--|--|---|---|--|--|
| TYPE OR PRINTS | | widdi{ | LAST | 20 DATE OF DEATH MO | NTH DAY YEAR | 26 HOUR |
| Lero | 7 | G. | Allen | December 1 | 2. 1985 | |
| 3 SEX | 4. RACE | 5. D | ATE OF BIRTH | 6 AGE IN YEARS LAST BIRTHDA | IF UNDER 1 YEAR | # UNDER 24 HRS |
| Molo | White | | MONTH DAY YEAR 2 6 1911 | 74 | YRS. | HOURS MIN. |
| Male BIRTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? 8 | | 9 BALTIMORE CITY OR C | | |
| COUNTRY) | | 10.70 | ARRIED XX NEVER MARRIED | B-11-1 | 2 Ac | |
| Maryland 10. CITY OR TOWN OF DEATH | U.S.A. | | OWED DIVORCED DIVORCED | Baltimore C | | BUSINESS OF |
| | (IF NOT IN SUC | H FACILITY, GIVE STREET ADDRES | S) | TYPE OF WORK FOR MOST OF WO | ORKING LIFE) INDUSTRY | |
| Baltimore USUAL RESIDENCE (IF NURSING HOME | | | Medical Center | Foreman | Beth. | Steel |
| 130. STATE 13b CO | | 13c CITY OR TOWN | 134 INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZI | P CODE | |
| | Ltimore | Dundalk | YES NO X | 452 Westfie | ld Road | 2122 |
| 4 FATHER'S NAME | WIDDLE | LAST | 15 MOTHER'S MAIDEN NA | AME | LAST | |
| George | P. | Allen | Catherin | e | Sense | ney |
| 60 WAS DECEASED EVER IN U.S. | ARMED FORCES? | 166. SOCIAL SECURITY N | O. 17. INFORMANT | ADDRESS | | |
| | II | 213-07-578 | 7 Anna T. All | en | Same as 13e | |
| 18 CAUSE OF DEATH (Enter | | | | | | ATE INTERVAL |
| | | | I BLIT NOT BELATED TO THE TERM | MINIAL DISEASE OF CONDITI | | |
| PART 2 OTHER SIGNIFICAN | | | | | | CS LISED |
| | | | ATION WAS PERFORMED | 200 AUTOPSY? 20 | DI. IF YES, WERE FINDING IN CERTIFYING CAUSES C | |
| 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196. COND 196. COND 216. TIME CHOUR A. | ITION FOR WHICH OPER | ATION WAS PERFORMED | 200 AUTOPSY? 20 | DB. IF YES, WERE FINDING N CERTIFYING CAUSES O YES [] | OF DEATH? |
| 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING | 21b. TIME C HOUR A. HER) 21e PLACE | ITION FOR WHICH OPER OF INJURY M. MONTH DAY Y M. OF INJURY | ATION WAS PERFORMED 71c. HOW INJURY OCCUR 19 211. LOCATION | 200 AUTOPSY? 20 | DB. IF YES, WERE FINDING N CERTIFYING CAUSES O YES [] | OF DEATH? |
| 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING | 21b. TIME C HOUR A. HER) 21e PLACE | ITION FOR WHICH OPER DE INJURY M. MONTH DAY Y M. | ATION WAS PERFORMED 71c. HOW INJURY OCCUR 19 211. LOCATION | 200 AUTOPSY? 2011 YES NO 2011 RRED (ENTER NATURE OF INJURY IN | DIS. IF YES, WERE FIND INC N CERTIFYING CAUSES O YES | DF DEATH? |
| 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) | 196. COND 216. TIME C HOUR A. P. 21e PLACE (AT HOME STI | ITION FOR WHICH OPER OF INJURY M. MONTH DAY Y M. OF INJURY REET, FACTORY, OFFICE, FARM, ET | ATION WAS PERFORMED 71c. HOW INJURY OCCUR 19 211. LOCATION | 200 AUTOPSY? 2011 YES NO 2011 RRED (ENTER NATURE OF INJURY IN | Ob. IF YES, WERE FIND INC N CERTIFYING CAUSES O YES | DE DEATH? NO STATE |
| 19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM) 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a 1 certify the (1) (this he | 196. COND 216. TIME C HOUR A. NER) 21e PLACE (A1 HOME STI | OF INJURY M. MONTH DAY Y M. OF INJURY EET, FACTORY, OFFICE, FARM, ET | ATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211 LOCATION 518EET | 200 AUTOPSY? YES NO | Ob. IF YES, WERE FIND INC N CERTIFYING CAUSES O YES | STATE |
| 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) WORK NOTIFY MEDICAL EXAM | 196. COND 216. TIME C HOUR A. NER) 21e PLACE (A1 HOME STI | OF INJURY M. MONTH DAY Y M. OF INJURY EET, FACTORY, OFFICE, FARM, ET | 21c. HOW INJURY OCCUR 19 211 LOCATION 51REE1 | 200 AUTOPSY? YES NO | Ob. IF YES, WERE FIND INC N CERTIFYING CAUSES O YES | STATE |
| 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 220 1 certify the (1) it is no saw the deceosed all wooke (1) we'll did (id.) | 196. COND 216. TIME C HOUR A. NER) 21e PLACE (A1 HOME STI | OF INJURY M. MONTH DAY Y M. OF INJURY EET, FACTORY, OFFICE, FARM, ET | EAR 19 211. LOCATION 518EE1 219 211 LOCATION 619 211 LOCATION 619 210 LOCATION 619 619 619 619 619 619 619 619 619 619 | 200 AUTOPSY? YES NO | Ob. IF YES, WERE FIND INC CERTIFYING CAUSES OF YES (INC.) COUNTY COUNTY 19 1 14 and hour and fram the county (INC.) | STATE STATE STATE STATE STATE STATE STATE STATE STATE |
| 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAM) 210 INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 220 I certify the (It is no saw the deceased all washes) above (I'we') I did did | 21b. TIME COND 21b. TIME COND 19b. COND 21b. TIME COND HOUR A. P. 21e PLACE (A1 HOME STI A1 HOME STI 21b. TIME COND 21b. TIME COND 21b. TIME COND 40 A1 HOUR A. A2 HOUR STI A2 HOME STI A2 HOME STI A3 HOME STI A4 HOME STI A | OF INJURY M. MONTH DAY Y M. OF INJURY EET, FACTORY, OFFICE, FARM, ET | EAR 19 211. LOCATION 518EE1 219 211 LOCATION 619 211 LOCATION 619 210 LOCATION 619 619 619 619 619 619 619 619 619 619 | 200 AUTOPSY? YES NO | Ob. IF YES, WERE FIND INC CERTIFYING CAUSES OF YES (INC.) COUNTY COUNTY 19 1 14 and hour and fram the county (INC.) | STATE STATE STATE STATE STATE STATE STATE STATE STATE |
| 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUT | 21b. TIME COND DEATH HOUR A. P. 21e PLACE (A1 HOME STI Sprital) attended the | OF INJURY M. MONTH DAY Y M. OF INJURY EET, FACTORY, OFFICE, FARM, ET | TEAR 211. HOW INJURY OCCUR 19 211. LOCATION STREET , and that in (m) (aur) apinion DEGREE MD ATTENDING PHYSICIAN | 200 AUTOPSY? 200 AUTOPSY? 201 | Ob. IF YES, WERE FIND INC CERTIFYING CAUSES OF YES (INC.) COUNTY COUNTY 19 1 14 and hour and fram the county (INC.) | STATE STATE we) lo auses stated IGNED |
| 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 210 IN JURY OCCURRED 270 I certify tho (1) (this ho sow the deceased dispense) 270 SIGNATUR 270 PHYSICIAN'S NAME (TYPE) 271 PHYSICIAN'S NAME (TYPE) 272 BURIAL, CREMATION, REMOV | 196. COND 196. COND 216. TIME C. HOUR A. P. P. 216 PLACE (A1 HOME STILL) Spital) attended the properties of the body of the body of the company of the body of the company of the compa | ITION FOR WHICH OPER OF INJURY M. MONTH DAY Y M. OF INJURY REEL FACTORY, OFFICE FARM, ET is deceosed from ofter death. | 21c HOW INJURY OCCUR 19 21l LOCATION c) 21l LOCATION c) and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS | 200 AUTOPSY? YES NO | Ob. IF YES, WERE FINDING CAUSES COVES (COUNTY) COUNTY 19 22c DATE S | STATE STATE DO LI STATE DO |
| 190 DATE OF OPERATION 190 DATE OF OPERATION 110 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 220 1 certify the Work 220 1 certify the Off (this he obove (IV) (we) (did) (did) 225 SIGNATUR 22d PHYSICIAN'S NAME (IV) | 19b. COND 19b. COND 21b. TIME C HOUR A. P. 21e PLACE (A1 HOME STI A) POPULATION OF THE BODY AL 23b. DATE 12/16 | OF INJURY M. MONTH DAY Y M. OF INJURY REEL FACTORY, OFFICE FARM, ET ofter death. 1234 NAME Gard Gard | TEAR 19 211 LOCATION STREET and that in (m) (aur) apinion DEGREE MD ATTENDING PHYSICIAN 122 ADDRESS 100 N. BRO | 200 AUTOPSY? YES NO | COUNTY | STATE STATE auses stated IGNED |

Dundalk, Maryland

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

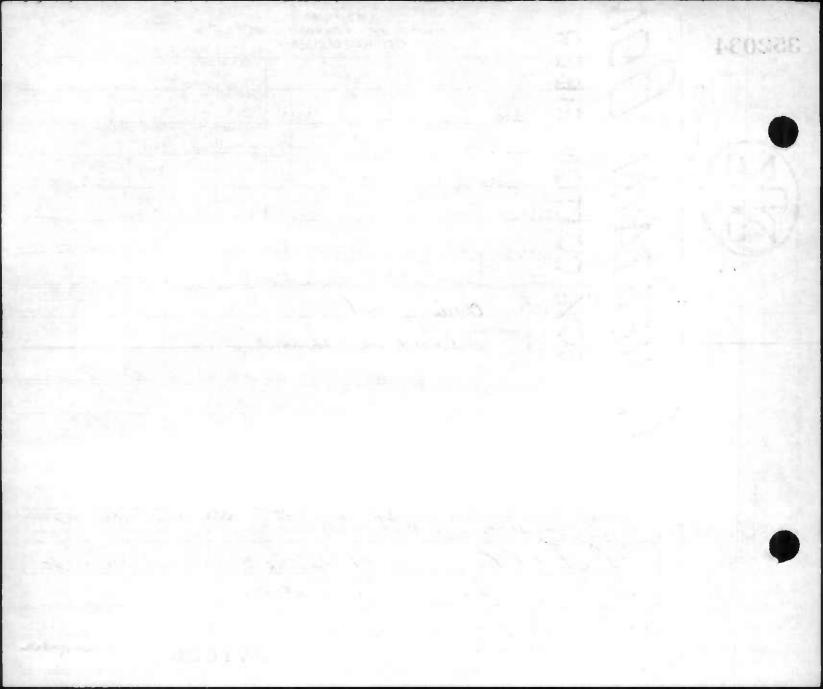
7922 Wise Avenue

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The law ospital or attending physician.

IMPORTANT: If Item 21 is marked or Item 18 shows any

injury, or other troumatic event,



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84 25M

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CRRTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1EM 18, GIVE PAGES PAGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM TO PUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURRAL- "RANSIT PERMIT. PAGES 13 HOLD AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF THE BALTIMORE, MARYLAND, 21201 PRICK TO BURRAL, CREMATION, OR REMOVAL.

DHMH - 17 (VR A15 ME (5))

PIENSE DIRECTOR. FILES. NOURS

STATE OF MARYLAND

| DEPAKI | WENT | OF HEALI | H AND MEN | IALHY | GIENE |
|--------|------|----------|-----------|-------|-------|
| EDICAL | EVAL | AINIED/C | CERTIFICA | TEAL | DEATH |

| | | STATE REGISTRAR | | MED | DICAL | EXAMINE | ER'S C | ERTIFIC | CATE | OF DEA | ATH RE | G. NO. | | | | |
|----|-----------------------|-----------------------|-------------------------|---|---------------|-------------------|-------------|--------------|--------------|------------|------------------------------------|---------------|-----------|--------|--------------------|---------------|
| | | CEASED NAME OF PRINT) | E FIRST | | MIDDLE | | | LAST | | | 20 DATE KNOW | /N 🙀 MO | NTH | DAY | YEAR | 26 HOUR |
| | | | Marci | usAn | drew | | Als | ton | | | DEATH MATE | D 🗆 | 12 | 5 19 | 85 | M |
| - | 3 SEX | (| 4 RACE | 5. DATE OF BIRTH | YEAR | 6. AGE (IN YEAR | | DER I YR. | IF UNDE | R 24 HRS. | 2c. DATE PRONOUNCED | MÖ | NIH | DAY | YEAR | 2d HOUR 10:15 |
| 5 | | le | Black | 11 13 | 66 | 19 YRS | | JA.S | HOOKS | Mila | DEAD | | 12 | 5 1 | | p . w |
| | | RTHPLACE (| | 76 CITIZEN OF WH | AT COUN | ITRY? | 8. MARRI | ED NE | VER MARI | RIED X | 9. BALTIMORE C | ITY OR CO | YTHUC | OF DE | ATH | |
| 1 | | | Md. | USA | | | WIDOW | | DIVOR | | Baltim | | | , | | MD. |
|) | /0.CI | TY OR TOWN | OF DEATH | 11. NAME OF HOSE (IF NOT IN SUCH FAC | ILITY, GIVE S | TREET ADDRESS) | | | TION | | UAL OCCUPATION MOST OF WORKING LIF | | ORK 121 | OR I | OF BUS | mited |
| 54 | | altimor | | 1600 Blk | | | | | | La | borer | | | | tann | |
| - | la. S | TATE | 13b. COUN | OR OTHER INSTITUTION, GIV | 13c CITY | OR TOWN | | 13d INSIDE C | ITY LIMITS? | 13e STR | REET ADDRESS | | | | | |
| 2 | | Md. | - | | Bal | to. | | YES X | NO [| | 654 Darl | ey Av | enue | 3 | 212 | 18 |
| | 14. FA | ATHER'S NAM FIRST | E | MIDDLE | | LAST | | TS. MOTHE | ER'S MAID | DEN NAME | MIDDLE | | | LA | 51 | |
| 1 | M | ichael | | | | ston | | Ga | | | | | Jo | nes | , | |
| | {YI | ES, NO. OR UNKNI | D EVER IN U.S. AR/ | MED FORCES? WAR OR DATES) | | IAL SECURITY | | 17. INFOR | | | ADI | DŖESS | | | | |
| | | No | | | | 84-2496 | 5 | Gail | Alst | on | 1654 | Darle | y Av | | | |
| | | 18 CAUSE C | | ly ane cause per line | | | | - | | | | | | BETWEE | OXIMATE N ONSET | AND DEATH |
| | | | IMMEDIA | TE CAUSE (a). GUT | | | | ead | | | | | - | | | |
| | | Conditio | ins, if any, which | DUE TO, OR | AS A CON | ISEQUENCE O | F | | | | | | | | | |
| | | gave r | ise to immediate | (b) | 16.1.601 | | | | | | | | | | | |
| | | lying ca | | DUE TO, OR | AS A CON | ISEQUENCE O | 1 | | | | | | | | | |
| | 152 | PART 2 OTHER C | ICHIEICANT CONDITIONS | CONTRIBUTING TO DEATH B | ST NOT BELL | TEO TO THE TERMIN | IAL BACELCE | OR COMPLETE | | | | | | | | |
| | z | TAKE E GINER | TONITICANT CONDITIONS | CONTRIBUTING TO GENTH | OI NUI NELA | IEU IU IRE IEKMIR | INF DISEASE | OK COMULTION | M PIAFU IN L | AKI I IQI. | | | | | | |
|) | MEDICAL CERTIFICATION | 19a. DATE O | FOPERATION | 196 CONDIT | ION FOR | WHICH OPERA | TION W. | AS PERFOR | MED? | | | | | 20 AU | TOPSY? | |
| | IFIC | | | | | | | | | | | | | | s X | NO 🗆 |
| | ERT | 21e. EXTERN | AL CAUSE WAS | 216. TIME OF | | | 2Tc HC | W INJURY | OCCURR | ED (ENTER | NATURE OF INJURY IN F | TEM 18 PART 1 | OR PART 2 | | · V-1 | NO L |
| 5 | ALC | UNDERLYING | G XOR ING CAUSE OF I | | | 5 19 85 | Cit | bject | chot | - | | | | | | |
| | Sec | 2Td. INJURY | OCCURRED | 21e PLACE C | F INJURY | (AT HOME, | 21f LO | CATION | . 5110 | L- | | | | | | |
| | ¥ | WHILE AT WORK | NOT WHILE | STREET, FACTO | Stree | | | O Blk | Dai | rlev | Ave, Bal | to | COUNT | Y | | MD. |
| | | | | | | | Autops | | | | | | | | | riD. |
| | | | | ge af the remains desc | | | | | Inspection | | Inquiry . | and in n | ny apini | an | | |
| | | death resul | ted tram: Natur | ral causes | Accident | L, Suic | ide [_] | | PECIFY) | Undet | termined manner | L., | | | | |
| | | ACTUAL SIGNATURE | | 1 | 1 | | 44 | ASSI | | - 450 | ICAL EXAMINER | | ATE | 12 | 6/8 | 5 |
| 2 | | SIGNATURE | | 100 | - | | M. | 0.1002 | 0011 | MED MED | ICAL EXAMINER | 51 | GNED_ | 12/ | 0,0 | |
| | | (TYPE OR PR | | gory R. Ka | uffm | an, M.D |). | ADDRESS_ | 111 | l Pen | n St. B | alto. | MD. | | | |
| | 23a.Bl | URIAL, CREMA | TION, REMOVAL 2 | 73b. DATE | 23c. 1 | NAME OF CEM | | | ORY | 23d. LC | CATION | | COUNTY | | STA | 76 |
| • | (2 | Buria | 1 | 12/10/85 | В | altimor | re Ce | em. | | Ba | altimore. | Md. | 2001411 | | 51A | |
| | 24. FU | UNERAL DIRE | CTOR | ADDRESS | | | | | | _ | REGISTRAR 25b | REGISTRA | R'S SIG | NATUR | E TO IOL | |
| | | | March F/H | | 300 W | abash / | Ave | | UEC | , 10 | 1985 | Hill the | was | 1 | 1. | |



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

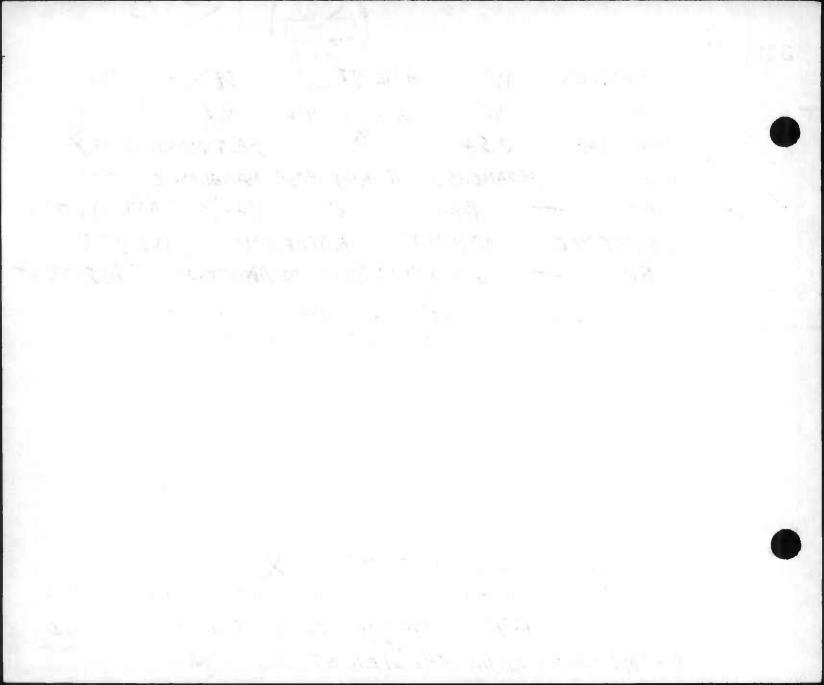
346072

director, page 3 hours ofter death

| _ | | FOR | |
|---|---|-------|--|
| l | - | STATE | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | REGISTRAR | | CERTIF | ICATE OF DEATH | REG N | O. | | |
|-----------------------|---|---|---|---|--|---|---------------------------------|-----------------------------|
| | CHARLES | MIDDLE | AME | NT | DEC | MONTH DAY | 985 Z | b. HOUR |
| 3. SE) | M | 4 RACE | S. DATE O | DAY YEAR | 6. AGE (IN YEARS LAST BH | YRS. | ITHS DAYS | HOURS |
| ≯a Bi | RTHPL CE (STATE OR FOREIGN COUNTRY) ARYLAND ITY OR TOWN OF DEATH | 76 CITIZEN OF WHAT COL | MARRIE | NEVER MARRIED DIONORCED DIONORCED DIONORCED | 9. BALTIMORE CITY C | RECOUNTYO | DEATH 126. KIND OF | P |
| BI | ALTO | FRANCIS | Scott | KEY HOSP. | (TYPE OF WORK FOR MOST OF MAIT BINA) | | INDUSTRY | DO3114E33 |
| 13o. S | AL RESIDENCE (IF NURSING HOME OR STATE | | CE BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS? YES NO [| 13 STREET ADDRESS | EAST | FAL | 厅 |
| 160 V | | MED FORCES HIS OCCUPANT OF THE WAR OR DATES | AL SECURITY NO. | 15. MOTHER'S MAIDEN NA/ FIRST NEK 17. INFORMANT | ADDR | WE By 33 | BER | |
| | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which gove rise to immediate | | Jens | where | Care | ma | APPROXIMA BETWEEN ON | ATE INTERVA |
| | couse (o), stoting the underlying couse last | DUE TO, OR AS A COL | | NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION GIVEN | IN PART Ito | |
| ATION | | 19h CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20h JE YES V | VERE FINDING | SLISED |
| RTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | | 20a AUTOPSY? YES NO | IN CERTIFYIN YES [| | |
| CAL CERTIFICATION | |] 21b. TIME OF INJURY HOUR A.M. MON | | N WAS PERFORMED | YES NO | IN CERTIFYIN YES [| G CAUSES O | F DEATH |
| MEDICAL CERTIFICATION | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (1F ETHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED |] 21b. TIME OF INJURY HOUR A.M. MON | TH DAY YEAR | | YES NO | IN CERTIFYIN YES [JRY IN ITEM 18 PART | G CAUSES O | F DEATH |
| | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIF EITHER, NOLIFY MEDICAL EXAMINER 210. INJURY OCCURRED WHILE NOT WHILE | 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY (AT HOME STREET, FACTORY (AT HOME STREET) | TH DAY YEAR 19 OFFICE, FARM, ETC.) | 211 LOCATION | YES NO | IN CERTIFYIN YES [DRY IN HEM 18 PART DWN , 19 | OCOUNTY | STA of (I) (we ouses stote |
| | 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 218. INJURY OCCURRED WHILE AT WORK 220. Certify that (1) (this hospit sow the deceased alive on | 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY (O) oftended the deceosed () view the body ofter death | TH DAY YEAR 19 OFFICE, FARM, ETC.) I from 19 1, or | 21¢ HOW INJURY OCCURS 211 LOCATION STREET | YES NO | IN CERTIFYIN YES [OWN 19. late and hour of | OCOUNTY | STA of (I) (we ouses stote |
| MEDICAL | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did no | 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY TOIL) offended the deceosed () view the body offer death () view the body offer death () LOUR M.D. | TH DAY YEAR 19 OFFICE, FARM, ETC.) I from 19 OFFICE, FARM, ETC.) | 211 LOCATION STREET 19 and that in (my) (our) opinion of PHYSICIAN | YES NO CENTER NATURE OF INJUNCTION OF INJUNC | IN CERTIFYIN YES URY IN ITEM IS PART OWN 19. late and hour of | COUNTY COUNTY The from the co | STA of (I) (we ouses stote |



BP. DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

|) | 1- | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL HYG ICATE OF DEATH | REG. N | 0 | | |
|--|---------------|---|----------------------------|---------------------------------------|-----------|--|---------------------------|-----------------------------------|----------------|----------------------------------|
| | | CEASED NAME FIRST | | MIDDLE | ŧ | AST | | MONTH D | AY YEAR | 26 HOUR |
| | (TYPE | CATHER | TNE | M AML | AND | | DECEMBER 2 | 8. 198 | 5 | 03:00am |
| | 3 SE) | | 4. RACE | 74 74111 | 5 DATE C |)F BIRTH | 6 AGE (IN YEARS LAST BE | THDAY) | F UNDER I YEAR | IF UNDER 24 HRS |
| | | Female | White | € | May | 22. 1913 | 72 | YRS. | ONTHS DAYS | HOURS MIN. |
| 70 | 70. BI | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY | | OF DEATH | |
| 5 | | laryland | U.S. | Α. | WIDOWE | D NEVER MARRIED DIVORCED | BALTIMORE | CITY | | MD. |
| Later of the later | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF | | G HOME C | OR OTHER INSTITUTION | 128 USUAL OCCUPAT | ION | 12b. KIND C | OF BUSINESS OR |
| 5 | BA | ALTIMORE | | HNS HOPKI | | SPITAL | Examiner | A MOKKING THE | | ry Sewin |
| 35 | USU/ 13e S | AL RESIDENCE (IF NURSING HOME COLOTATE 136 COU | ROTHER INSTITUTION | I3c CITY OR TOW Baltimo | 'N | 13d. INSIDE CITY LIMITS? | 136 STREET ADDRESS | | | |
| 3 | 14. FA | THER'S NAME | | Darchilo | 16 | 15. MOTHER'S MAIDEN NA | 135 E. Ra | ndall | St. Ba. | Tro 21230 |
| Š. | 0 | FIRST | MIDDLE | LAST CO. | | FIRST | MIDDLE | | LAS | |
| 100 | 14n \A | Albert VAS DECEASED EVER IN U.S. A | PMED EODOES? | Cochra 166. SOCIAL SECU | | Edith | AN FILA ADDR | ESS MD | Came | |
| 1 | | YES, NO OR UNKNOWN) (IF YES, G | IVE WAR OR DATES) | | | | ABCOLL | 1010 | - 11 | - |
| | | NO | | 212 10 | | William Am. | land 8700 | 3007 | | MATE INTERVAL ONSET AND DEATH |
| | | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS | nly one couse pe ED BY: | RESPIRE | April O L | ARREST | | | | ONSET AND DEATH |
| | | IMMED14 | TE CAUSE (0) | KESPILL | 910107 | AKKUSI | | | 100 | Cus |
| | | Conditions, if any, which | DUE TO, C | Pulmon | | ASPERGILLOS | 21 | | Im | onth |
| ı | | gave rise to immediate couse (a), stating the underlying cause last | DUE TO, O | ACULE N | ONLY | makocytic 1 | Leukemi | i | 4 | nosr |
| | N O | PART 2. OTHER SIGNIFICANT | conditions c | ONTRIBUTING TO | DEATH BUT | | INAL DISEASE OR CON | DITION GIVE | N IN PART 1: | 0 |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | YES NO | 206. IF YES, IN CERTIFY YES | WERE FIND IT | NGS USED OF DEATH? |
| 0 | 1 8 | 210 ACCIDENT WAS UNDERLYING | - 110110 4 | OF INJURY ,M, MONTH D/ | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PA | RTT OR PART 2) | |
| 7 | N N | OR CONTRIBUTING CAUSE OF DE | AIR | .M. | 19 | 1777 | | | | |
| l | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY REET, FACTORY, OFFICE, F | ARM ETC) | 211 LOCATION STREET | CITY OR TO |)WN | COUNTY | STATE |
| | | 220 I certify that (I) (this has | oital) attended th | ne deceased from | .Uo | V16 10 8 | 5 10 Dec | 28 1 | . 85 | that (I) lost |
| | | sow the deceased alive a above, (I) (we (did) (did n | | | 85 .01 | nd that in {my} (our opinion | | ote and haur | ond from the | couses stated |
| | | above, (I) (we (did) (did n | ot) view the body | ofter death. | | DEGREE | | | 22c DATE | |
| | | Kuthy | Hillso | un | MD | ATTENDING PHYSICIAN | MEDICAL STA | FF AN A | 121 | 25/85 |
| | 1 | 224 PHYSICIAN'S NAME III PE | OR PRINT | | | 225 ADDRESS 140 PIC | | | CENT | TER |
| | | Itelizaso | new | | | BALTIMUR | , | 20205 | | |
| | 23o. E | BURIAL, CREMATION, REMOVA | | 23c. 1 | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | | |
| | 1 | B _{urial} | 12/3 | 31/85 N | ew Car | thedral Cem | Baltimo | re | COUNTY | Md. |
| 3 | 24 FI | UNERAL DIRECTOR Bal | to. Md. | | 2122 | 5 25e DAT | E REC'D. BY REGISTRAR | 256. REGISTR | AR'S SIGNA | TURE |
| | C | eorge J. Conce | 14001 F | itchie H | OWV | DE | 30 1985 | wha was | ridson-1 | maria |

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ARY, PLEASE FILES I, DIRECTOR FILES YOUR FILES. THIN 72 HOURS T- STATE

REGISTRAR

07/B4 25M DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

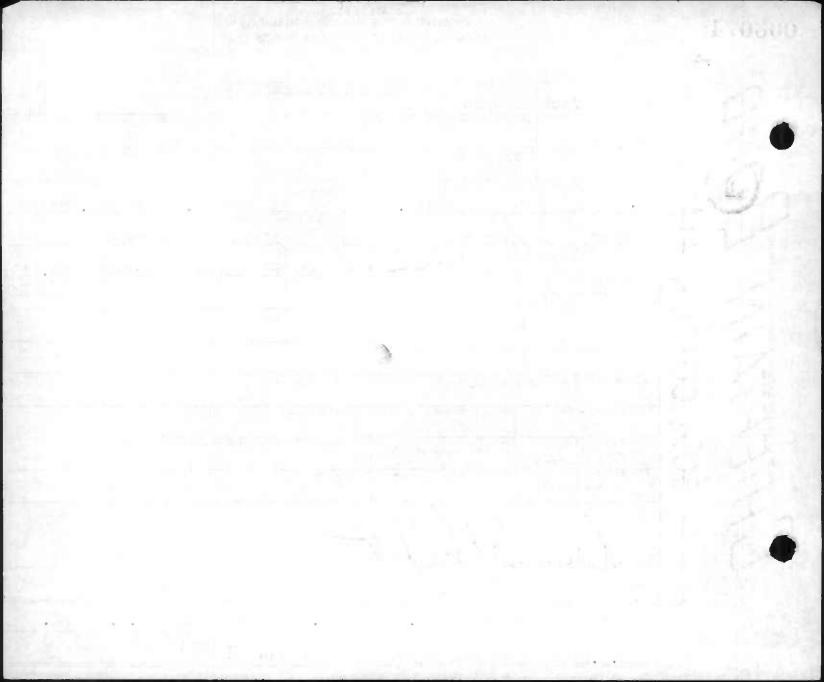
REG NO

| | | CEASED NAM | E FIRST | | MIDDLE | | LAST | | | 20. DATE KNOW | N X MONTH | 0-85 | 26 HOUR |
|-------------------|-----------------------|---|---|--|--------------------------------------|----------------|-----------------|---------------|-----------------|---|----------------------------|-------------------|---------------|
| | | | | FTHFI | Į. | ANDERSO. | N | | | DEATH MATE | D 15-2 | 0-03 | M |
| | 3. SEX | (| 4 RACE | 5. DATE OF BIRTH | 6 AGE | (IN YEARS IF U | NDER 1 YR. | IF UNDER | | 2c DATE | MONTH | DAY YEAR | 2d HOUR |
| | | emale | Black | Jun.6,19 | 900 85 | YRS. MON | THS DAYS | HOURS | MIN. | PRONOUNCED DEAD | 12-3 | 0-85 | 7PM M |
| 3 | 7a. BII | RTHPLACE (S | TATE OR | 76. CITIZEN OF WH | AT COUNTRY? | 8 MAR | RIED NEV | /FP AA A PP | IED 🗆 | 9 BALTIMORE C | ITY OR COUNT | TY OF DEATH | |
| | V: | irgini | | U.S.A. | | | WEDXX | DIVORC | | Baltimo | re City | | MD |
| |) | TY OR TOWN | | 11. NAME OF HOSP (IF NOT IN SUCH FACE 727 Drui | ILITY, GIVE STREET ADI | ORESS) | - | ION | | AL OCCUPATION NOST OF WORKING LIFE Ret1 |) | OR INDUST | |
| 1 | | L RESIDENCE | | OR OTHER INSTITUTION, GIVE | | (DMISSION) | 13d. INSIDE CI | TV 11441763 | lia cros | ET ADDRESS | | 2121 | 7 |
| 5 | Ma | arylar | | TT . | Baltim | ore | YESX X | | 727 | Druid | Park : | Lake D: | rive |
| 5 | | THER'S NAME Lawrer | | WIDDLE | Jones | | 15 MOTHE | RST | en NAME olly | MIDDLE | | Jones | |
| | 16a. W | VAS DECEASEI NO. OR UNKNO | D EVER IN U.S. AR | MED FORCES? | 16b SOCIAL SE | CURITY NO. | 17. INFORM | | Jone | s 1433 | Ellam | ont St | • |
| The second second | 7 | gove ris couse (o) lying cou | ns, if ony, which se to immediote stoting the <u>under</u> - ise last. | (b) | AS A CONSEQUE | NCE OF | SE OR CONDITION | I GIVEN IN PA | RT 9 Ioi | | | | |
| 2 | MEDICAL CERTIFICATION | 19a. DATE OF | OPERATION | 196 CONDITI | ION FOR WHICH | OPERATION \ | WAS PERFORA | MED? | | | | 20 AUTOPSY | , NO K |
| 3 | CAL CER | UNDERLYING | CAUSE WAS OR NG CAUSE OF | | MONTH DAY | | IOW INJURY | OCCURRE | D (ENTERN | ATURE OF INJURY IN IT | EM 18 PART 1 OR PA | Rf 2) | |
| | MEDI | 21d INJURY C | OCCURRED NOT WHILE AT WORK | | OF INJURY (AT HO ORY, FARM, ETC.) | OME. 21f LO | STREET | | | CITY OR TOWN | col | UNIY | STATE |
| 0 | | 22a. I certi deoth result ACTUAL SIGNATURE | | ge of the remains desc rol couses X, | ribed obove, held | Suicide | , Homic | PECIFY) | Undete | Inquiry X | ond in my op DATE 1 SIGNE | 1,2-31-85 | |
| - | | EXAMINER'S (TYPE OR PRI | | garita A. | | | ADDRESS_ | | | Street | | | |
| | 23a. BU | | rial | 1/4/86 | Mt. A | uburn | Cemet | tary | Ba | Cation L'Umore | , Mar | yiand | TATE |
| | | INERAL DIREC | . Dyett | 4600 AD \$551 | berty H | Ights. | Ave. | JAN | REC'D. BY | REGISTRAR 255 | REGISTRAR'S S | AGNATURE AGNATURE | * |

THAT SHE HALL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1. DECEASED NAME | 26 19 85 DAY YEAR |
|--|----------------------|
| Patricia Anderson DEATH MATED 12 3. SEX Female Black 8/8/56 Patricia Anderson DEATH MATED 12 12 DEATH MATED 12 DEATH MATED 12 MONTH SOUTH SPRINGUINCED 12 MONTH SOUTH S | |
| Female Black 8/8/56 YEAR 29 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD 12 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED PRONOUNCED DEAD PRONOUNCED DEAD NEVER MARRIED PRONOUNCED DEAD PRONOUNCED DEAD NEVER MARRIED PRONOUNCED DEAD | DAY YEAR |
| BIRTHPLACE (STATEOR FOREIGN COUNTRY) MARY 1 and USA WIDOWED DIVORCED Baltimore City Bornost of Mospital, Nursing Home, or Other Institution 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | |
| MARRIED NEVER MARRIED | 26 1985 |
| Maryland USA WIDOWED □ DIVORCED □ Baltimore Cit CITY OR YOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IZO USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | NTY OF DEATH |
| D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) | J. |
| | |
| Baltimore 3010 W. North Avenue | |
| ASUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 130. COUNTY 136. CITY OR TOWN 134 INSIDE (ITY LIMITS? 130. STREET ADDRESS | |
| Md. Balto. YES∰ NO□ 3010 W. North | Ave. 212 |
| 14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE | LAST |
| Edward Anderson Olivia Anderso | |
| 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) LIFEYES GIVE WAR OR DATES) | 07 |
| 217-66-8286 Edward Anderson Arbu | |
| 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) | APPROXIMATE IN |
| PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Narcotism | BETWEEN ONSET A |
| DUE TO, OR AS A CONSEQUENCE OF | |
| Conditions, if any, which | |
| gove rise to immediate (b) | |
| couse (o) stating the <u>under-lying cause lost.</u> DUE TO, OR AS A CONSEQUENCE OF | |
| (c) | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. | |
| N O | |
| 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR P | 20 AUTOPSY? |
| | YES X |
| 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR P | |
| TIME TO THE TOUR A.M. MONTH DAT TEAK | |
| 216 INJURY OCCURRED THE PLACE OF INJURY (ATHOME, 216 LOCATION | |
| WHILE NOT WHILE AT WORK AT WORK | YTHUC |
| | |
| 220 Certify that I took charge of the remains described above, held an Autopsy K., Inspection, Inquiry, and in my cond in my conditions. | pinion |
| death resulted from Natural courses & Joseph Sent L. Singula L. Hemicide L. Undetermined manner L. | |
| TITLE (SPECIFY) | a N |
| SIGNATURE WEDICAL EXAMINER SIGN | 12/27 |
| | |
| EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS, 111 Penn St. Balto.M | D. |
| 23a BURIAL CREMATION REMOVAL 23b DATE 23v NAME OF CEMETERY OR CREMATORY 123d LOCATION | |
| Burial 12/30/85 Mt. Zion Cem. Lansdowne A.A | Md. |
| 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S | |
| NAME ADDRESS ADDRESS IN DE LAN 2 Wis Grie David | son- Randage |



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | FG | | |

| | R | EGISTRAR | | MEL | JICAL EXAMINE | K 2 CEKII | FICATE | JF DEAT | П | REG. NO | | | |
|------|--------|--|---|----------------------------------|---|-------------------------|--|---------------|--------------------------|---------------|----------------|--------------------|-----------------|
| | | OR PRINT) | FIRST | | WIDDLE | LAST | | 2a | DATE KNO | OWN XX | MONTH | DAY YEAR | 26 HOUR |
| L | | | Silas | | | Ander | son | 40 | DEATH MA | TED | 12-2 | 29 19 8 | 5 M |
| 3 | SEX | Male Bl | | uly 14 | 1912 73 THE | MONTHS DAY | R. IF UNDER | | DATE ONOUNCEI DEAD | 0 | 12-2 | DAY YEA 29 19 8 | 11:02 5 a. M |
| 70 | | THPLACE (STATE OR IGN COUNTRY) Irginia | 76 | U.S.A | | MARRIED X | NEVER MARR | RIED 📋 | | | City | OF DEATH | MD |
| 1 | | ortownorde Baltimore | | Marylar | PITAL, NURSING HOMÉ, CILITY, GIVE STREET ADDRESS) IND GENERAL F | Mospital | TITUTION | Beth | | ON (TYPE | OF WORK | kind of or indu: | BUSINESS |
| 130 | Ma | residence (if in N | 13b COUNTY | HER INSTITUTION, GIV | Baltimore | 13d INSI YES [| DE CITY LIMITS? | 1624 | Div: | isio | n St | reet | 21217 |
| | | HER'S NAME Hacke | | | lerson | | THER'S MAID | | Jane | 9 | В | rown | |
| 16 | N. | AS DECEASED EVER NO. OR UNKNOWN) | (IF YES, NEWAR | PORCES? OR DATES) | 218-07-89 | | a And | erson | | DDRESS | visi | on St | |
| | | Conditions, if gove rise to couse (a) statin lying cause lost | any, which immediate g the <u>under</u> | DUE TO, OR (b) DUE TO, OR (c) | TERIOSCIEROT AS A CONSEQUENCE O AS A CONSEQUENCE O | F | | | iseas | 9 | | | ISET AND DEATH |
| | NOIT | 190 DATE OF OPER | ATION | 19b CONDIT | ION FOR WHICH OPERA | TION WAS PERF | FORMED? | | | | | 20 AUTOPS | SY? |
| 1 | TIFIC. | | | | | | | | | | | YES [| |
| 5 | 7 | 210 EXTERNAL CALL UNDERLYING CONTRIBUTING | | 21b. TIME OF HOUR A.M. | INJURY MONTH DAY YEAR | 21c. HOW INJ | URY OCCURRI | ED (ENTER NAT | URE OF INJURY | IN ITEM 18 PA | ART 1 OR PART | 2) | |
| | MEDI | WHILE AT WORK AT W | RRED I WHILE | 21e. PLACE C STREET, FACTO | OF INJURY (AT HOME, ORY, FARM, ETC.) | 21f. LOCATION STREET | 1 | C | ITY OR TOWN | | COUP | чтү | STATE |
| | | ACTUAL SIGNATURE | Notural c | STUSES WAY | ribed gbove, held on | t. Time | Inspection Inspec | Undetern | | R | DATE SIGNED | ,12-3 | 0-85 |
| | | TYPE OR PRINT) | Det | | Swyth, M.D. | ADDRES | 55 | Penn S | | | | | 01 |
| | (SP | RIAL, CREMATION, ECIFY) Buri | al 1, | /3/86 | Mt. Aubu | THEY OR CREM | em. | Ballt | imor | e, M | Id. COUNT | У | STATE |
| 1 2/ | 4 FU | NERAL DIRECTOR | 1. | C 0 0 | b. Hghts. | | ZSa. DATE | EC 31 | GISTRAR | | | MATURE | |

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

be executed within 24 hours ofter death. Page 4 may be

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the

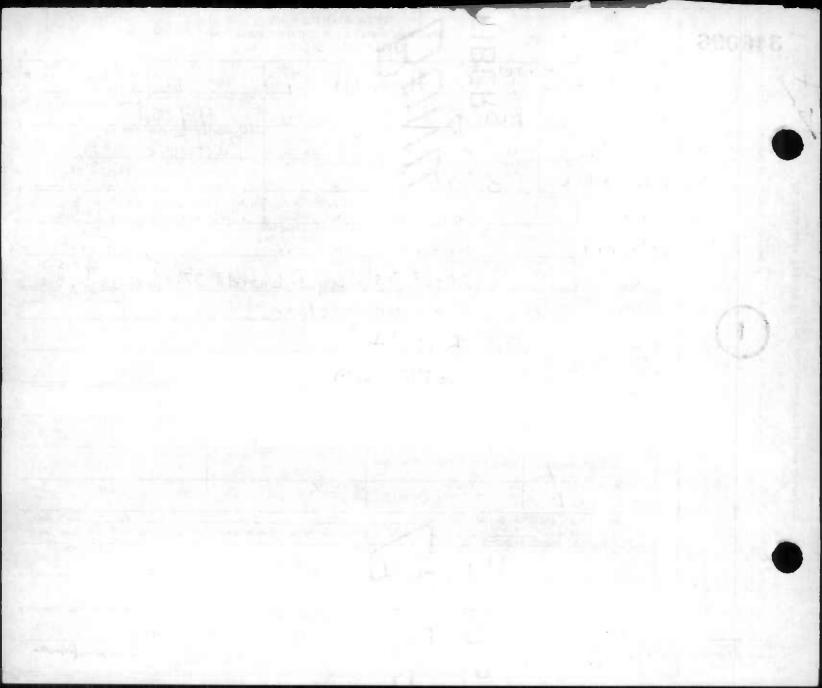
retained by the hospital or attending physician.

BP. DHMH - 16 50M 4/8 (VRA 15, 4)

| STATE OF MARYLAND |
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| DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| CERTIFICATE OF DEATH |

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| 1 | | REGISTRAR | | CEKIII | FICATE OF DEATH | REG. NO | 0. | | |
|-------------------------|-------------------|--|--|--|---------------------------|---|------------------------|--|-----------|
| 351 | | CEASED NAME FIRST POR PRINT) MILECULA | itchel | M. A.C. | eld Tr | 1 | 2 8 | 85 8 | OUR 40 |
| | 3. SEX | 1ALE | Bla | CK S. DATE O | OF BIRTH | 6 AGE (IN YEARS LAST BIRT | | ER I YEAR & UNE | DER 24 |
| t pace. | | CITHPLACE (STATE OR FOREIGN OUNTRY) | U.S | H. WIDOW | | Baltimore city b | iore (| ity | |
| 2/12 | 8 | alti More | (IF NOT IN SUC | HOSPITAL, NURSING HOME (CH FACILITY, GIVE STREET ADDRESS) | | 120. USUAL OCCUPATH ITYPE OF WORK FOR MOST OF Retire of | F WORKING LIFE) IN | EXIND OF BUSI DUSTRY Shar EVEL + C | rpt |
| TE SE | 13a S | Md - | | GIVE RESIDENCE BEFORE ADMISSION) 132. CITY OR TOWN Baltimore | YES DA NO - | 3700 Gr | | .40 h | 2 |
| exdmin | L | THER'S NAME Litchel | WIDDIE | Anfield | Ma Hie | ADDRE | | Ford | 10 |
| e medico | | VAS DECEASED EVER IN U.S. A EES, NO OR UNKNOWN) | ARMED FORCES? GIVE WAR OR DATES) | 166 SOCIAL SECURITY NO. 091-07-7113 | Mary P. E. | nfield 370 | | spring P | tve |
| ther troumotic even | | PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, O | IR AS A CONSEQUENCE OF | - facure | , | | | |
| njury, or o | NO | | CONDITIONS C | ONTRIBUTING TO DEATH BUT | T NOT RELATED TO THE TERM | IINAL DISEASE OR CON | DITION GIVEN IN | PART Ito | |
| 7 | CATI | 19a DATE OF OPERATION | 19b. COND | ITION FOR WHICH OPERATIO | ON WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WER | | |
| uo smo | F | | | | | YES NO | YES 🗍 | | |
| nem 18 shows on | CAL CERTIFICATION | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER, NOTIFY MEDICAL EXAMIN | DEATH HOUR A. | DF INJURY .M. MONTH DAY YEAR .M. 19 | 21c. HOW INJURY OCCURE | | | NO | |
| rked or Hem 18 shows on | MEDICAL CERTIFI | OR CONTRIBUTING CAUSE OF | DEATH HOUR A. P. 21e. PLACE | M. MONTH DAY YEAR | | | RY IN ITEM 18 PART 1 O | NO | STA |
| I is morked or Item | | OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE | P. PLACE (AT HOME, STI | M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) The deceosed from | 21f LOCATION | CITY OR TO | WN CI | OUNIY , that (I from the couses | l) (w |
| Hem / | MEDICAL | OR CONTRIBUTING CAUSE OF ({ FETHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MORE AT WORK 22d. 22d. sow the deceosed olive | PATH HOUR A. P. 21e. PLACE (AT HOME, STI | M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) The deceosed from | 21f LOCATION STREET | CITY OR TO | WN CO | NO (IR PART ?) | l) (we |



completely filled in by the

the attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation.

medical

injury, or other traumatic

QUA

IMPORTANT: If them 21 is marked ar them 18 shaws

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ATTENDING PHYSICIAN: The law

retained by the haspital ar attending physician

STATE OF MARYLAND FOR

| | | | w | | | | 3 |
|-----|---------|------|-------|-----|--------|---------|---|
| DEP | ARTMENT | OF H | EALTH | AND | MENTAL | HYGIENE | ě |
| | CE | RTIF | CATE | OF | DEATH | | |

| | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. | NO. | | |
|---------------|---|-------------------|---------------------------------|--|-----------|--|---|-----------------|---|----------------------------------|
| | CEASED NAME OR PRINT) | Add | | nes | | honv | 20. DATE OF DEATH | 12-(| 12-85 | 2b. HOUR |
| 3. SE | Х | | 4 RACE | | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST | BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| F | emale | | Black | | 03 | -22-28 YEAR | 57 | YRS. | MONTHS DATS | HOURS MIN. |
| | RTHPLACE (STATE OR I | | | WHAT COUNTRY? | 8. | D NEVER MARRIED | 9 BALTIMORE CITY | | | |
| | uth Caro | | USA | | WIDOWE | | Baltimo | | ity | MD. |
| | altimore | TH | (IF NOT IN SUC | HOSPITAL, NURSIN HFACILITY, GIVE STREET Ldent Ho | ADDRESS) | a 1 | 12a USUAL OCCUPA (TYPE OF WORK FOR MOS | | | F BUSINESS OR |
| 130. | at residence (# Nurs STATE aryland | 136 COUP | | GIVE RESIDENCE BEFORE 134 CITY OR TOW Baltimo | N | 13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌 | 130. STREET ADDRES | | 212 Avenue | 215 |
| 14. F/ | David | | Aarow | Jo | nes | Elizabet | ME MIDDLE | | Mille | |
| | NAS DECEASED EVER YES, NO OR UNKNOWN) NO | | MED FORCES? YE WAR OR DATES) | 240-36- | | Woodrow An | | 221 F | oplar | Grove S |
| | 18 CAUSE OF DEAT PART I. DEATH W | 'AS CAUSE | | line for (a), (b), and | | ALURE | | | APPROXI BETWEEN O | MATE INTERVAL ONSET AND DEATH |
| | Conditions, if any, gove rise to imm couse (a), statis underlying couse | nediate ig the | (b) | R AS A CONSEQUE R AS A CONSEQUE | EN CA | REINDHA OF T | he ceruit | | 2 M | 0~745 |
| NOL | PART 2 OTHER SIGN | NIFICANT (| | | | NOT RELATED TO THE TERM | | | | |
| CERTIFICATION | 190 DATE OF OPERA | TION | 19b. COND | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES NO | IN CERT | ES, WERE FINDIN IFYING CAUSES YES | |
| AL CER | 210. ACCIDENT WAS UNI | | 216. TIME O | M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF #N | JURY IN ITEM 18 | 3 PART OR PART 2) | |

21d INJURY OCCURRED

21e. PLACE OF INJURY

211 LOCATION

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.t certify that (1) (this haspital)

NOU. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

saw the deceased all 27h SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED 12-3-85

STATE

22d. PHYSICIAN'S NAME (TITE OF WHITE

MARCOS TEARER MA

22e. ADDRESS SINA

HOSPITAL OF BALTINGRE

230. BURIAL, CREMATION, REMOVAL BURIAL

23b. DATE 12-05-85 23c NAME OF CEMETERY OR CREMATORY HILL CEMETERY

DEGREE

23d. LOCATION BALTIMORE,

MARYLAND

24 FUNERAL DIRECTOR

BROWNTHOMPSON F.H. 1913 MESS BALTIMORE

ST DEC 6 1985

Julia Tavidon Bondo

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

360150 1- FOR STATE DECISE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

| ne | 0 | b. (| 0. |
|-----|------|------|----|
| K E | 1.2. | PA | V. |

| .) (| | EGISTRAR | MEDICAL | EVAMINE | CERTIF | CATE OF DE | REG. NO |). | |
|---------------------|-----------------------|--|---|-----------------------------------|---------------------|----------------------|---------------------------------|--------------------------|-------------|
| 1 | DEC | EASED NAME FIRST OR PRINT) | WIDDLE | | LAST | | OF ESTI- | MONTH DAY YEAR | 26 HOUR |
| (25 ti | | Harry | | | Anthony | | DEATH MATED | 12/19/1985 | |
| E 25 E | SEX | ALE CLOAN | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YR. | HOURS MIN | 2c DATE PRONOUNCED | MONTH DAY YEAR | 28 HOU |
| 5220 | 11 | ITLE DUALK | 12-11-2X | 5 / YRS. | | | DEAD | 12/19/1985 | A M |
| MAN / | FOR | THPLACE (STATEOR | 76. CITIZEN OF WHAT COUN | | | EVER MARRIED | _ | R COUNTY OF DEATH | |
| | a CIT | Y OR TOWN OF DEATH | II MAME OF HOSBITAL MIL | | IDOWED X | DIVORCED L | Baltimore | | MD |
| | 1 | | 11. NAME OF HOSPITAL, NU (IENOT IN SUCH FACILITY, GIVE S | TREET ADDRESS) | K OTHER INSTITU | | SUAL OCCUPATION (TYPE | OF WORK 126 KIND OF B | |
| 7 7 | | altimore RESIDENCE (IF IN NURSING HOME OR | 320 N. Mount | | | - F | MUREN | PREDU | Cet |
| 競り出 | 3a ST | ATE 136. COUNT | | ATTO | 13d INSIDE | CITY LIMITS? 13e ST | REET ADDRESS | MOUNTS | 争 |
| 55 | 1. FAT | HER'S NAME | MIDDLE ACTU | ASSINI / | 15. MOTH | ER'S MAIDEN NAM | NE MIDDLE | S TO LAST | 7 |
| 36 | 60. W | AS DECEASED EVER IN U.S. ARM | ED FORCES? 16b. SOC | LIAL SECURITY N | O. 17. INFOR | MANI | ADDRESS | 25000 | |
| VISION | {YES | 1951 | -1953 212 | 26-36 | 31 HA | RRV L | Anthon V & | 1202 R | 150 |
| D O | | 18 CAUSE OF DEATH (Enter only | ane cause per line for (a), (b |), ond (c).) | | 1 | | APPROXIMA BETWEEN ONS | |
| N EEW | | PART I DEATH WAS CAUSED IMMEDIATE | BY: CAUSE (o) | Cance | r of the | e Larynx | | activities of the second | T AND DEATH |
| 100 | | | DUE TO, OR AS A CON | SEQUENCE OF | | | | | |
| WE ALL | | Conditions, if ony, which gove rise to immediate | (b) | | | | | | |
| 80 | | lying cause lost. | DUE TO, OR AS A CON | SEQUENCE OF | | | | | |
| 90 | | | (c) | | | | | | |
| N. A. | | PART 2 OTHER SIGNIFICANT CONDITIONS CO | DATRIBUTING TO DEATH RUT NOT RELA | TEO TO THE TERMINAL | OISEASE OR CONDITIE | ON GIVEN IN PART 1 a | | | |
| L, CREV | 5 | 190 DATE OF OPERATION | 196. CONDITION FOR | AUUCU OBED AT | ON WAS BEREO | D. LEDG | | | |
| N. SE | FICA | 170. DATE OF OPERATION | 198. CONDITION FOR | WHICH OPERALI | ON WAS PERFO | KWED? | | 20 AUTOPS | |
| | MEDICAL CERTIFICATION | 210 EXTERNAL CAUSE WAS | 216. TIME OF INJURY | | 21c HOW IN ILLE | Y OCCUPPED TENTE | R NATURE OF INJURY IN ITEM 18 P | YES . | NO [X |
| PRIOR TO | ALC | UNDERLYING OR CONTRIBUTING CAUSE OF D | HOUR A.M. MONTH | DAY YEAR | | , occounted (cont. | THE OF THE OF THE OF THE OF | 1017212) | |
| E SE | Sign I | IN INTERVOCCUPPED | 21e. PLACE OF INJURY | | III LOCATION | | | | |
| | ¥ | WHILE NOT WHILE D | STREET, FACTORY, FARM, E | tc.) | STREET | | CITY OR TOWN | COUNTY | STATE |
| ZD, 21 | - 1 | 22a I certify that I took charge | of the remains described abo | ve, held on | Autopsy . | Inspection X, | Inquiry . one | d in my opinion | |
| ₹ | | deoth resulted from: Noturo | I couses Accident | , Suicid | e . Hom | icide . Unde | etermined manner . | | |
| ₹ AR | | ACTUAL NOVIDA | 7 (1) (1) | . 10 | TITLE (| SPECIFY) | | | |
| DRE, MAR | | SIGNATURE WOOD | de nove da | yll | M.DASS | sistant ME | DICAL EXAMINER | SIGNED 12/1 | 9/85 |
| TER DEATH, WITH THE | | EXAMINER'S NAME Mar | garita A. Kor | ell, M.D | ADDRESS | 111 Pe | enn St. | | |
| O Waster | | RIAL, CREMATION, REMOVAL 23 | | AME OF CEMET | ERY OR CREMAT | ORY 23d. L | OCATION YOR TOWN | COUNTY | LATE A X |
| _ | 14 5111 | BURIAL / | 2-29-85 CA | COMPONI | LE VA. | CEMI. B | ACTIMORE | MARYLA | プレ |
| 17 AE (5)) | 20 | MAN HAMOSIA C | 11 1912 111 | BATA | ST | NFC 97 | TREGISTRAR 1756 REGIS | MAR'S SIGNATURE | 2 : |
| - (-)// | 1 | 1000 | 11. 11. 10. | 11/1/0 | 1 -11 | 25000 | 500 | | |

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pleos DIVISION OF VITAL RECORDS, 201

ATTENDING

W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DE

LAST

5. DATE OF BIRTH MONTH

Antlitz

| ATH | REG. NO. | | | | |
|-----|--------------------------------|---------|--------|----------|--------|
| | 20 DATE OF DEATH MONTH | DAY | YEAR | 2b. HOU | IR |
| | Dec.28,1985 | | | | |
| | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
| 906 | 79 YRS | MONTHS | DAYS | HOURS | MIN. |
| | O DALTHAODE CITY OD COUNT | VOEDE | ATSI | | |

White Female Mav I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Maryland WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN SUCH FACILITY, GIVE STREET ADDRESS)

Ruth

Baltimore 12b. KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKET INDUSTRY St. Balto . Md

21230 13e STREET ADDRESS / ZIP CODE 1506 Covington St. Balto . Md .

MD.

USUAL RESIDENCE 136 COUNTY Maryland Baltimore 14 FATHER'S NAME

4 RACE

Ethe1

Gerhardt

15. MOTHER'S MAIDEN NAME Dora 17 INFORMANT

13d. INSIDE CITY LIMITS?

YES X

ADDRESS

Unknown

160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO ORUNKNOWN) HE YES GIVE WAR OR DATES!

Frederick

DECEASED NAME ETYPE OR PRINT

Baltimore

3. SEX

CERTIFICATION

MEDICAL

166 SOCIAL SECURITY NO. 215-50-9891

Covington

Ruth Antlitz.

Same as above

| PART I DEATH WAS CAUSED | one couse per line for (0), (be and () Myoundial Infarction. CAUSE (0) | BETWEEN ONSET AND DEATH Luy. |
|---|---|-------------------------------|
| Conditions, if ony, which | DUE TO, OR AS A CONSEQUENCE OF a Terror lerosis | 341, |
| couse (a), stoting the underlying couse lost. | DUE TO, OR AS A CONSEQUENCE OF | |

ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

| 190. DATE OF OPERATION | 196 CONDITION FOR WHICH OP | ERATION | N WAS PERFORMED | 20a AUT | OPSY? | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | |
|---|--|---------|----------------------|--------------|---------------|--|------|--|
| | | | | YES 🗌 | NO | YES | NO 🗌 | |
| 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 216. TIME OF INJURY HOUR A.M. MONTH DAY | YEAR | 21¢ HOW INJURY OCCUI | RRED (ENTERN | ATURE OF INJU | RY IN ITEM 18 PART 1 OR PART 2 | | |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. | 19 | And Laboratory | | | | | |
| 214 INTILIDY OCCUPPED | 21. DIACE OF INCHIDY | | 211 LOCATION | | | | | |

DEGREE

STREET

NOT WHILE AI WORK 220 I certify that (I) (this hospital) attended the deceased from sow the deceosed alive on

obove, (1) (we) (did) (did not) view the body ofter deoth

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

| 22b. SIGNATURE | | 0 1 | 1 1 |
|----------------|-----|-----|-----|
| | 111 | XII | 00 |
| | 0 | NOU | 00 |

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c. DATE SIGNED

23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY

STAFF

CITY OR TOWN

| 230. | BURIAL, CREMATION, REMOVAL |
|------|----------------------------|
| | (SPECIFY)_ |
| | Burial |
| | DHILLIAI |

Gardens of Faith

Rossville Balto Co.Md.

24 FUNERAL DIRECTOR

Balto .Md .21230 Home. 130 E. Fort Funeral

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

should be detoched for with the Stote Dept. of MPORTANT: If Item 21

and Mental Hygiene pr Item 18 s

morked or

TESSON San City FL . Std award

IS NECESSARY, PLEASE

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER

| 1- | STATE REGISTRAR | | MED | CAL EXAM | MINER'S | CERTIFICATE C | F DEATH | H RI | G. NO. | | c.) 1.) | |
|---|---|----------------------|---|-----------------------|--------------------|----------------------------|---------------|------------------|-------------|------------------------|--------------------------|----------------|
| | CEASED NAME PE OR PRINT) | FIRST | 100 | WIDDLE | | LAST | 2a | DATE KNOW | | MONTH DA | | 26 F |
| | | John | | E_{\bullet} | Arc | | | DEATH MATE | ED XX | 12-17 | 19 85 | |
| 3 SE | K 4 RA | CE S. D | ATE OF BIRTH | YEAR LAST | (IN YEARS IF U | | 24 HRS 2c | DATE | A | AONTH DA | Y YEAR | 24 1 |
| | | hite L | ec. 13 | 1,1924/ | 61Krs | ns DATS HOURS | MIN PRO | DEAD | | 12-17 | 19 85 | |
| Jar B | RTHPLACE (STATE OF | 7ь. (| | | 8 MARR | IED NEVER MARR | ED X 9 8 | BALTIMORE | CITY OR C | COUNTY O | DEATH | |
| FOREIGN COUNTRY) FOLLO , Md. ID CITY OR TOWN OF DEATH | | | U. S. | A . | WIDOV | | ED 🗆] | Baltim | | | | |
| | | | | PITAL, NURSING H | | IER INSTITUTION | | OCCUPATIO | | | KIND OF BU OR INDUSTE | |
| | Baltimore | | 112 S. Maderia Street Seaman | | | | | | | SI | hippi | n |
| 13u. S | TATE | IURSING HOME OR OTH | ER INSTITUTION, GIV | E RESIDENCE BEFORE AL | DMISSION) | 13d. INSIDE CITY LIMITS? | 13e STREET | ADDRESS | 21 | 224. | | |
| | Md. | | | altim | ore | YES NO | 112 | S. MC | ader | ia S | treet | ; |
| 14. F | ATHER'S NAME | MID | DLE | LAST | | 15 MOTHER'S MAIDE | | MIDDLE | | | LAST | |
| 0 | John | | | Arche. | r | Anna | | E . | 1 | Feuch | iter | |
| 160. | WAS DECEASED EVE | R IN U.S. ARMED | | 166 SOCIAL SEC | CURITY NO. | 17 INFORMANT/2 | 27 St | ratte | DINESS / | ay-Bo | iltim | 07 |
| | res, no or unknown) | WW I | I | 217-12- | -5044 | Mr. Clar | ence | P. Wh | ite- | Mo | 1.212 | 21 |
| | 18 CAUSE OF DEA | ATH (Enter only one | cause per line | | | | | | | | APPROXIMATE | INTE |
| | PARTIDEATH | | | | | Cardiovaso | ו אר [נור | Diana | | BE | TWEEN ONSET | AND |
| | | IMMEDIATE CA | | | | Carutovaso | Jular 1 | DISEase | = | | | |
| | | (| DUE TO, OR | AS A CONSEQUE | NCE OF | | | | | | | |
| | Conditions, if | | | | | | | | | | | |
| | gove rise to | | (b) | | | | | | | | | _ |
| | cause (o) statir | | DUE TO, OR | AS A CONSEQUE | NCE OF | | | | | | | |
| | Tyling coose los | - (| 1-1 | | | | | | | | | |
| | PART 2 OTHER SIGNIFICA | ANT CONDITIONS CONTR | BUTING TO DEATH B | UT NOT RELATED TO TH | IE TERMINAL DISEAS | E OR CONDITION GIVEN IN PA | PT 1 | | | | | _ |
| 20 | 7 7 5 5 | | | The second of the | L TERMINAL BIJER. | CON CONDITION OFFER IN TA | NI I July | | | | | |
| CERTIFICATION | 19a. DATE OF OPER | RATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | 20 | AUTOPSY? | |
| Ĕ | | | | | | | | | | | YES 🗌 | N |
| 1 2 | 210 EXTERNAL CAL | USE WAS | 216. TIME OF | | | OW INJURY OCCURRE | D (ENTER NATU | IRE OF INJURY IN | TEM 18 PART | T 1 OR PART 2) | | |
| | UNDERLYING _ | | | MONTH DAY | | | | | | | | |
| MEDICAL | CONTRIBUTING | | | 1 | 9 | CATIONI | | | | | | |
| AED | 21d. INJURY OCCU | | | OF INJURY (AT HO. | | CATION | cn | TY OR TOWN | | COUNTY | | |
| 1 | AT WORK AT | T WHILE | | | | | | | | | | |
| | | | | 1 | | | | 1 212 | | | | _ |
| | 22a I certify tha | thoak charge of t | he remains desc | rated above, held | an Autar | sy . Inspection | ا الناء | nquiry XX | and in | my opinian | | |
| | death resulted fro | my Natural co | uses XX | secretary. | Suicide | Hamicide | Undetermi | ined manner | | | | |
| | 11 | / | 1/1/ | 1 1 | a ha | | | | | | | |
| | ACTUAL /// | 01111 | 10/ | 21. 1 | h /M/ | TITLE (SPECIFY) | | | | DATE | | - |
| 1 | SIGNATURE | euri | 9/ | my P | 11.100 | D. Assistant | MEDICA | LEXAMINER | | SIGNED | 12 - 17 | - 8 |
| 1 | 5 V A A A A A S S C A A A A A A A A A A A A | | | / | | | | | | | | |
| | (TYPE OR PRINT) | Denni | F. Smy | yta, M.D | | ADDRESS 111 Pe | enn St | ., Bal | to., | Md. | 21201 | |
| 230 B | URIAL, CREMATION, | REMOVAL 22h D | A TE | I 22¢ NIAME O | E CEMETERY | D C DEM ATORY | 1234 LOCA | TION | | | | |
| (| Buria | 1 2 | 110/25 | Saca | od Han | rcrematory rt of Je. | CITY OR TO | OWN | -74 | COUNTY | ST. | ATE |
| 24.5 | ■urta. | 12 | 1 47/97 | Dacre | ed ned | re of se. | sus C | emB | alt | imore | , Ma | • |
| 24 F | UNERAL DIRECTOR | Iohn A | Moran | Ino | 12122 AZ | 7 LIMBODATE | REC'D. BY REC | GISTRAR 256 | REGISTR | ALL EXENT | TURE | |
| 130 | OO E. BO | altimor | e St. | Balto- | .Md . 21 | 224 UE | 191 | 985 7 | The second | of the last | por della | 4 |
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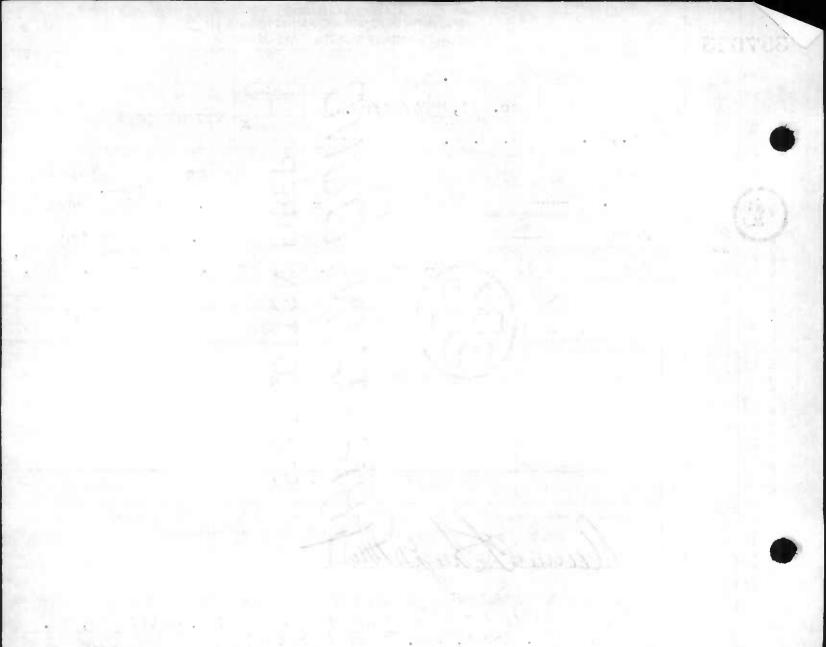
07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMO

BP. **DHMH - 17**

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AREXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT. PAGS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.

(VR A15 ME (5))



| TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the drath certificate be executed within 24 flaurs after death. Plage 4 may be explicitly by the hospital or attending physician. TO FUNERAL DIRECTOR Asserting certificate has been signed by the attending physician and sampletely filled in by the funeral director angle 3 should be used in the bursal training period. Their please remove carbonapper. Pages 1 feed 3 should be filled within 22 hours are been with the State Dept of Health and Mental Hygiene prior to bursal cremation, or removal. |
|--|
|--|

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

| | 1- | FOR STATE REGISTRAR | DEP | PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | YGIENE REG. NO | 3 3 3 3 9 |
|--|-------------------|---|---|--|--|--|
| | (1)996 | PASED NAME PROTECTION APPLICATION | MIDDLE | Armskad | | 12 18 12 26 HOUR 1203 P |
| (2) | 1 SE) | m | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR 8 3 / 0 | 6. AGE (IN YEARS LAST BIR | THDAY) IF UNDER 1 YEAR IF UNDER 21 HRS MONTHS DAYS HOURS MIN. |
| 19 | | Tenn | 76. CITIZEN OF WHAT COUN | MARRIED NEVER MARRIED WIDOWED DIVORCED | 1 12011 | RCOUNTY OF DEATH |
| 11 34 | B | altimore | 11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Bon Seco | | 120 USUAL OCCUPATION OF WORK FOR MOST O | ON 126 KIND OF BUSINESS OF |
| and the | USUA 130. S | L RESIDENCE HE NURSING HOME OR | OTHER INSTITUTION, GIVE RESIDENCE | RTOWN . 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 7.17 |
| 30 | M. FA | THER'S NAME | MIDDLE AT M | stead Florence | MIDDLE | Cartrell |
| Poges 1 | | AS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL 2/5- | 14-0289 Ethel Arn | nstead 254 | 14 W. Fairmount |
| ding physics or removal. of removal. | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT | ly ane cause per line far (a), (1 D BY: E CAUSE (a) Bloedin DUE TO, OR 49 A GONS | ng esyphageal var | ices | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| by the others are remove of i, cremotion, other troums | | Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS ACONS | hyperturen | | 245 |
| to berriole to burrio equery, or | NOI | PART 2 OTHER SIGNIFICANT | COPP | G TO DEATH BUT NOT RELATED TO THE TER | RMINAL DISEASE OR CON | DITION GIVEN IN PART I I a |
| | A | 190 DATE OF OPERATION | 196 CONDITION FOR W | VHICH OPERATION WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, WERE FINDINGS USED |
| per beautiful desirant | TIFIC | | | THE TOTEL AT THE TENT OF THE T | YES NO | IN CERTIFYING CAUSES OF DEATH? YES NO |
| eriticole has been defined hygiene prior seen 18 shows only 18 18 18 18 18 18 18 18 18 18 18 18 18 | CAL CERTIFICATION | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | 21c HOW INJURY OCCU | YES NO | YES NO |
| se fin certificals bus beer as the business as the business former price price or the first section of the first sec | CAL | 210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH | H DAY YEAR 19 211 LOCATION | | YES NO RY IN ITEM 18 PART I OR PART 2) |
| CLOR Asset the certiticals has been do use as the burnishment parent of Health and Mental Hygient prior 21 is marked or feen 18 shares ony 1 | AL. | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify tha | HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O | H DAY YEAR 19 211 LOCATION STREET 170 198 | JRRED (ENTER NATURE OF INJUI | YES NO RY IN ITEM 18 PART 1 OR PART 2) WN COUNTY STATE |
| At DIFFETOR Asserting certificate has been detached for use as the burstlanding series. In the Control by great of Health and Mentol By given prior. If it from 21 is marked as from 18 shares any in the Control By the | AL. | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify tha | HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (ATHOME. STREET, FACTORY, O | H DAY YEAR 19 211 LOCATION STREET 170 198 | CITY OR TO to 12/16 n death accurred an the de | YES NO NO RY IN ITEM 18 PART 1 OR PART 2) WN COUNTY STATE The cond haur and from the causes stated 22c. DATE SIGNED |
| CTOR. Atter the certification of fee, use as the burial to of Health and Mental to 121 is marked in them 1 | AL. | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. 1 certify the (11) this hospi sow the deceased always above (1) well (dig) and no | HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O | H DAY YEAR 19 211 LOCATION STREET 19 19 19 19 19 19 DEGREE ATTENDING | CITY OR TO to | YES NO COUNTY STATE TO THE ORDER TO THE ORD |
| O FUNERAL DIRECTOR After the certification of the c | WEDICAL | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK SAY WORK SAY THE SAY WORK SAY WORK SAY WORK SAY WORK SAY WORK SAY WORK SAY THE SAY THE SAY THE SAY THE SAY THE SAY SAY THE | HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O | PHYSICIAN | CITY OR TO CITY OR TOWN | YES NO COUNTY STATE TO THE OR THE PART I OR PART 2) WAS COUNTY STATE The order and from the causes stated 22c. DATE SIGNED |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 - | FOR STATE REGISTRAR | DE | | EALTH AND MENTAL HYO | REG. NO. | |
|---|---------------------|--|---|---|--|--|---|
| 19 | | EASED NAME FIRST | MIDDLE | L | AST | 20 DATE OF DEATH MONTH DA | AY YEAR 2b HOUR |
| 1 | (TYPE | JOHNNIE | ESTELL | E ARM | STRONG | DECEMBER 23, 1 | .985 |
| 7/\ | 3. SE) | | 4 RACE | 5. DATE C | F BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | FUNDER I YEAR IF UNDER 24 HRS |
| - 1 | | Female | Black | MONTH 11 | 3 11 | 74 YRS. | ONTHS DAYS HOURS MIN |
| | | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COU | NTRY? | NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| 77 | | South Carolina | U.S.A. | WIDOWE | | BALTIMORE CITY. | ٨ |
| | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | | ROTHER INSTITUTION | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 12b. KIND OF BUSINESS O |
| 20 | | ALTIMORE | 601 GLENOL | DEN AVEN | UE | N/A | |
| 35 | 13a. S | AL RESIDENCE (IF NURSING HOME OF TATE 136 COU! | | RTOWN | 13d INSIDE CITY LIMITS? | 136 STREET ADDRESS / ZIP CODE 601 Glenolden A | venue 21216 |
| u u | 14 FA | THER'S NAME | WIDDLE LA | AST. | 15 MOTHER'S MAIDEN NA | MIDDLE | LAST |
| 0 | | John | James | ng - | Eunice | Do | uglass |
| 00100 | | AS DECEASED EVER IN U.S. AR | F WAR OR DATES) | L SECURITY NO. | 17 INFORMANT | ADDRESS | |
| E | | NO | 250- | 72-6839 | Jannie Whets | tone 601 Glenolde | |
| | | 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly ane cause per line for (a), | (b), and (c) | Denous | 200 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| D > 0 | | | TE CAUSE (a) | 7 3 | Hapliceta | on preumonia | 30m2 |
| DITOL | | | DUE TO, OR AS A CON | SEQUENCE OF | see pour | on resentar | 2 11/10 |
| 001 | | Conditions, if ony, which gove rise to immediate | (b) | | | | 2 475. |
| ury, ar other tr | | couse (a), stoting the underlying cause last | DUE TO, OR AS A CON | ISEOUENCE OF | accident | 2 | L TOTAL |
| | NO | PART 2. OTHER SIGNIFICANT | conditions <u>contributi</u> n | IG TO DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION GIVE | N IN PART 110 |
| | | | | | | | |
| one one | TIFICATI | 190 DATE OF OPERATION | 19b. CONDITION FOR V | WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES | WERE FINDINGS USED ING CAUSES OF DEATH? |
| a suo suo so la | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | | | IN CERTIFY | ING CAUSES OF DEATH? |
| du cuo sous or una | - | | 216. TIME OF INJURY HOUR A.M. MONT | | | YES NO YES | ING CAUSES OF DEATH? |
| olu duo sou sou de la company | MEDICAL CERTIFICATI | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 216. TIME OF INJURY HOUR A.M. MONT | TH DAY YEAR | | YES NO YES | ING CAUSES OF DEATH? |
| S morked or liem to shows ony injury | - | 210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DELIF ETHER NOTIFY MEDICAL EXAMINET | 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY) | TH DAY YEAR 19 OFFICE, FARM, ETC.) | 21¢ HOW INJURY OCCUR | YES NO IN CERTIFY YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAR | ING CAUSES OF DEATH? NO TOTAL CONTROL OF PART (2) |
| Till s morked or liem to shows only full | - | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER: NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 22a.1 certify that (1) (this hosp | 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY) | TH DAY YEAR 19 OFFICE, FARM, ETC.) fram | 21¢ HOW INJURY OCCUR 21f LOCATION STREET 9 8 3, 19 | YES NO IN CERTIFY YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAR | COUNTY STATE |
| I liem 21 8 morked of liem | - | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (I) (this hosp saw the deceased alive of above, (I) (we) (did) (did not) 27b. SIGNATURE | 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY) | TH DAY YEAR 19 OFFICE, FARM, ETC.) fram 19 | 216 HOW INJURY OCCUR 216 LOCATION STREET 9 8 3 19 dd thot in (my) (our) apinion DEGREE | YES NO NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAR CITY OR TOWN 10 17 7 3 11 death occurred an the date and hour IN SILVINO B. MUNESES, M | COUNTY STATE That (I) (we) la ond from the couses stated |
| I liem 21 8 morked of liem | - | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHIE NOT WHIE AT WORK 22a.1 certify that (1) (this hosp saw the deceased alive sabove, (1) (we) (did) (did not 22b. SIGNATURE) 22d PHYSICIAN'S NAME (TYPE C | 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, stal) gitended, the deceased view the bady after death | TH DAY YEAR 19 OFFICE, FARM, ETC.) fram 19 | 216 HOW INJURY OCCUR 216 LOCATION STREET 9 8 3 19 dd thot in (my) (our) apinion DEGREE | VES NO NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAR CITY OR TOWN 10 773 IT death occurred an the date and hour SILVINO B. MUNESES, M DIRECTOR OF WYSICIAN COU GLEN ARM, MD. 21 | COUNTY STATE Ond from the couses stated 1.0.222 DATE SIGNED |
| I liem 21 8 morked of liem | - | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHIE AT WORK AT WORK 22a.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did not 22b. SIGNATURE) | 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, stal) gitended, the deceased view the bady after death | TH DAY YEAR 19 OFFICE, FARM, ETC.) fram 19 | 21t LOCATION STREET 21f LOCATION STREET 9 8 3 , 19 Id that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [| VES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAR CITY OR TOWN 10 2 3 1 death occurred an the date and hour of the course of the cours | COUNTY STATE 1.0222 DATE SIGNED |
| IMPORTANT: IT ITEM 21 IS MOTKED OF ITEM 10 SHOWS ONLY IN | WEDICAL MEDICAL | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHIE NOT WHIE AT WORK 22a.1 certify that (1) (this hosp saw the deceased alive sabove, (1) (we) (did) (did not 22b. SIGNATURE) 22d PHYSICIAN'S NAME (TYPE C | 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, 11d1) attended the deceased wiew the bady after death OR PRINT) SES, M.D., P.A. | TH DAY YEAR 19 OFFICE, FARM, ETC.) from / 19 , or | 21t LOCATION STREET 21f LOCATION STREET 9 8 3 , 19 Id that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [| VES NO NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAR CITY OR TOWN 10 773 IT death occurred an the date and hour SILVINO B. MUNESES, M DIRECTOR OF WYSICIAN COU GLEN ARM, MD. 21 | COUNTY STATE 1.0222 DATE SIGNED |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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|-----------------------|---|--|---|---|--|--|--------------------------------------|---|-------------------|-------------------|---------------------------|-------------|
| 3 S M | YPE OR PRINTI | AME FIRST | | WIDDLE | | LAST | | 20 DATE | KHOWH D | MONTH [| DAY YEAR | 2b. HOUR |
| 21 | THE OWNERS ! | Robe | rt | | 7 | Armstro | na | Ur | MATED | 12/1 | 1/ 19 85 | |
| 3 S | EX | 4 RACE | 5. DATE OF BIR | RTH YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | S IF UNDER 1 Y | R. IF UNDER | | | MONTH [| DAY YEAR | 34 HOU |
| M | lale | Black | | 6 1896 | 89 YRS. | MOTOTO DAT | s Hours | MIN. PRONOL | | 12/1 | / 1985 | 7:50 P A |
| 70. | BIRTHPLACE FOREIGN COUNT | (STATE OR | 76. CITIZEN OF | WHAT COU | VTRY? | MARRIED X | NEVER MARR | IED 9 BALTI | MORE CITY C | OR COUNTY | OF DEATH | |
| 3 10. | Va. | n r) | US | Α | 1 | WIDOWED | DIVORC | _ D- | ltimore | e City, | , | WD |
| 10. | | VN OF DEATH | 11. NAME OF H | HOSPITAL, NU | JRSING HOME, (| OR OTHER INST | ITUTION | 120 USUAL OCCI | UPATION (TYPI | | OR INDUST | RY |
| 1 | | imore | | Winto | | | | FOR MOST OF WO | ed | | Railro | oad |
| | STATE | CE (IF IN NURSING HOA | ME OR OTHER INSTITUTION | 13c. CITY | YORTOWN | | OE CITY LIMITS? | 13e. STREET ADDE | RESS | | | |
| 1 | Md. | | | Ba | lto. | YES | | | inton A | venue | 2120 | 7 |
| 14. | FATHER'S NA | ME | WIDDLE | | LAST | | THER'S MAID! | | MIDDLE | | LAST | |
| | James | | A | rmstro | ng | | atheri | ne | | | UNkno | own |
| 160 | WAS DECEA (YES, NO, OR UN YES | KNOWN) (IF YES, G | ARMED FORCES? VI VI | 1,00 | CIAL SECURITY I | | ORMANT | | ADDRESS | 5 | | |
| | Yes | WV | VI | 717- | -07-6448 | 3 Ir | ma Tho | mas 55 | 06 Win | ton Av | enue | |
| | | | anly one cause per | | | | | | | | APPROXIMAT BETWEEN ONS | E INTERVAL |
| | PART | DEATH WAS CAU | SED BY: DIATE CAUSE (a) | Arter | ioscler | otic Ca | rdiovas | cular Di | sease | | | |
| | | | | OR AS A CO | NSEQUENCE OF | * | | | | | | |
| | | | | | | | | | | | | |
| - 1 | | itians, if any, whi | | | | | | | | | | |
| | gave | rise to immedia (a) stating the und | ate (b)_ | OR AS A COI | NSEQUENCE OF | | | | | | | |
| | gave | rise to immedia | er- (b) DUE TO, | OR AS A COI | NSEQUENCE OF | : | | | | | | |
| | gave cause lying | rise to immedia (a) stating the <u>und</u> couse last. | er- (b) | | | | OITION GIVEN IN PA | RT 1 (a) | | | | |
| 20 | gave cause lying PART 2 OTH | rise to immedia (a) stating the <u>und</u> couse last. | er- (b) DUE TO, | | | | ITION GIVEN IN PA | RT 1 (a). | · | | | |
| NOITA | gave cause lying PART 2 OTH | rise to immedia (a) stating the <u>und</u> couse last. | DUE TO, (c) ONS CONTRIBUTING TO DE | EATH BUT NOT REL | | AL DISEASE DR CONC | | RT 1 (a). | | | 2D AUTOPSY | ? |
| PICATION | gave cause lying PART 2 OTH | rise to immedia (a) stating the <u>und</u> couse last. | DUE TO, (c) ONS CONTRIBUTING TO DE | EATH BUT NOT REL | ATED TO THE TERMINA | AL DISEASE DR CONC | | RT 1 (a). | | | | ** |
| NOTADISTA | gave cause lying PART 2 OTH | rise to immedia (a) stating the und couse last. R SIGNIFICANT (DNDITIO OF OPERATION RNAL CAUSE WAS | one (b) DUE TO, (c) ONS CONTRIBUTING TO DE 21b. TIMA | NDITION FOR | ATED TO THE TERMINA | AL DISEASE DR CONC | ORMED? | RT 1 (a). D (ENTERNATURE OF 1 | INJURY IN ITEM 18 | | YES 🗆 | ? |
| AI CERTIFICATION | gave cause lying PART 2 OTH | rise to immedia (a) stating the und couse last. ER SIGNIFICANT (DNDITION OF OPERATION RNAL CAUSE WAS ING OR | DUE TO, (c) 19b. COM 21b. TJAM HOUR | NDITION FOR | ATED TO THE TERMINA WHICH OPERAT | AL DISEASE DR CONC | ORMED? | | INJURY IN ITEM 18 | | YES 🗆 | ** |
| DICAL CERTIFICATION | gave cause lying PART 2 OTH | rise to immedia (a) stating the und couse last. R SIGNIFICANT (DNDITIO OF OPERATION RNAL CAUSE WAS | DUE TO, (c) DOS CONTRIBUTING TO DE 19b. COT 21b. TIMM HOUR PE PLATH 21e PLA | E OF INJURY A.M. MONTH P.M. CE OF INJURY | WHICH OPERAT H DAY YEAR 19 ((AT HOME, | AL DISEASE DR CONC TION WAS PERI 21c HOW INJ | FORMED? | ED (ENTERNATURE OF I | | PART 1 OR PART 2) | YES 🗌 | № (Х |
| MEDICAL CERTIFICATION | gave cause lying PART 2 OTH 19a. DATE 21a. EXTE: UNDERLY CONTRIB 71d. INJUI WHILE | rise to immedia (a) stating the und cause last. RESIGNIFICANT CONDITION OF OPERATION RNAL CAUSE WAS ING OR UTING CAUSE C Y OCCURRED NOT WHILE | DUE TO, (c) DOS CONTRIBUTING TO DE 19b. COT 21b. TIMM HOUR PE PLATH 21e PLA | EATH BUT NOT REL NOTITION FOR E OF INJURY A.M. MONTH P.M. | WHICH OPERAT H DAY YEAR 19 ((AT HOME, | AL DISEASE DR CONC TION WAS PERI | FORMED? | | | | YES 🗌 | ** |
| MEDICAL CERTIFICATION | gave cause lying PART 2 OTH 19a. DATE 21a. EXTEL UNDERLY CONTRIB 21d INJUI WHILE AT WORI | rise to immedia (a) stating the und couse last. RESIGNIFICANT CONDITION OF OPERATION RNAL CAUSE WAS ING OR UTING CAUSE CAUSE CAUSE CON OCCURRED NOT WHILE AT WORK | DIS CONTRIBUTING TO DE 21b. TIMI HOUR DF DEATH 21e PLA STREET. | E OF INJURY A.M. MONTH P.M. CE OF INJURY FACTORY, FARM, | WHICH OPERAT DAY YEAR 19 ((AT HOME, ETC.) | TION WAS PERI | ORMED? | ED (ENTERNATURE OF I | OWN | PART 1 OR PART 2] | YES 🗆 | № [Х |
| MEDICAL CERTIFICATION | PART 2 OTH 19a. DATE 21a. EXTE UNDERLY CONTRIB 21d. INJUI WHILE AT WORL | rise to immedia (a) stating the und couse last. ER SIGNIFICANT CONDITION OF OPERATION RNAL CAUSE WAS ING OR UTING CAUSE OF OCCURRED NOT WHILE AT WORK ertify that I took cheen | DIS CONTRIBUTING TO DE 21b. TIMM HOUR 21c PLA STREET, | E OF INJURY A.M. MONTH P.M. CE OF INJURY FACTORY, FARM. | WHICH OPERAT H DAY YEAR 19 (AT HOME, ETC.) | 21c HOW INJ | ORMED? | CITY OR T | ожи | PART 1 OR PART 2) | YES 🗆 | № [Х |
| MEDICAL CERTIFICATION | PART 2 OTH 19a. DATE 21a. EXTE UNDERLY CONTRIB 21d. INJUI WHILE AT WORL | rise to immedia (a) stating the und couse last. ER SIGNIFICANT CONDITION OF OPERATION RNAL CAUSE WAS ING OR UTING CAUSE OF OCCURRED NOT WHILE AT WORK ertify that I took cheen | DIS CONTRIBUTING TO DE 21b. TIMI HOUR DF DEATH 21e PLA STREET. | E OF INJURY A.M. MONTH P.M. CE OF INJURY FACTORY, FARM, | WHICH OPERAT H DAY YEAR 19 (AT HOME, ETC.) | 21c HOW INJ | ORMED? | ED (ENTERNATURE OF I | ожи | PART 1 OR PART 2] | YES 🗆 | № [Х |
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| MEDICAL CERTIFICATION | PART 2 OTH 19a. DATE 21a. EXTE UNDERLY CONTRIB 21d. INJUI WHILE AT WORL | rise to immedia (a) stating the und cause last. R SIGNIFICANT (DNDITION OF OPERATION RNAL CAUSE WAS ING OR UTING OR UTING CAUSE C RY OCCURRED AT WORK ertify that I took chooseled from: No | DIS CONTRIBUTING TO DE 21b. TIMM HOUR 21c PLA STREET, | E OF INJURY A.M. MONTH P.M. CE OF INJURY FACTORY, FARM. | WHICH OPERAT H DAY YEAR 19 (AT HOME, ETC.) | 21c HOW INJ | ORMED? URY OCCURRE Inspectio | CITY OR 1 In | own y X on | PART 1 OR PART 2] | YES 🗆 | NO X |
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| 2 | gave cause lying PART 2 OTH 19a. DATE 21a. EXTE UNDERLY CONTRIB 21d INJUI WHILE AT WORI 22a. I a death re ACTUAL | rise to immedia (a) stating the und cause last. RESIGNIFICANT CONDITION OF OPERATION RNAL CAUSE WAS ING OR UTING CAUSE CONTING CAUSE (CONTING CAUSE CONTING CAUSE CAUSE CONTING CAUSE CAUS CAUSE CAUS | DIE TO, (c) DIS CONTRIBUTING TO DE 21b. TIMI HOUR DE DEATH 21e PLA STREET. Druge of the remains shural couses X, Gregory F | EATH BUT NOT REL NOTITION FOR E OF INJURY A.M. MONTH P.M. CE OF INJURY FACTORY, FARM. described ob Accident | WHICH OPERAT H DAY YEAR 19 (AT HOME, ETC.) OVE, held an , Suice | 21c HOW INJI 21c LOCATION STREET Autopsy de | Inspection E (SPECIFY) SSISTAN | CITY OR T Undetermined in MEDICALEXA | y A on | COUNTY ON PART 2) | YES O | NO X |
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344070 neral director, page 3 n 72 hours ofter death

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | REGISTRAR | | | | CERTIF | ICATE OF | DEATH | RE | G. NO. | | |
|---|--|-------------------------------|-------------------|-----------------------|-----------------|--|-----------------|---------------------------------------|-----------------|-------------------|--|
| Ī | DECEASED NAME | FIRST | - | MIDDLE | 1 | LAST | | 2a DATE OF DEA | нтиом Н | DAY YEA | R 25 HOUR |
| ı | (THE OR PRINT) | Willia | am | Н. | Asl | nbv | | Decemb | er 3. | 1985 | 12:56AM |
| 3 | . SEX | | 4. RACE | | 5. DATE O | OF BIRTH | | 6 AGE (IN YEARS LA | | IF UNDER 1 Y | FAR IF UNDER 24 HRS |
| 1 | Male | 20/11 | White | | . 12 | B DAY | 1904 | 80 | YR | | AYS HOURS MIN. |
| | o. BIRTHPLACE (S) | TATE OR FOREIGN | | WHAT COUNTR' | Y2 8 | | | 9 BALTIMORE CI | | | 1 |
| 1 | COUNTRY | | | | | D X NEVER | | D 21-3 | -0:1 | | |
| | North Car | | U.S.A. | HOSPITAL, NURS | WIDOWE | | IVORCED [| Baltimo | | | MD. |
| 1 | | | | H FACILITY, GIVE STRE | | on on ick are | 111011011 | TYPE OF WORK FOR M | | G LIFE) INDUST | |
| | Baltimore USUAL RESIDENCE | | | Scott 1 | | dical (| Center | Steel W | orker | Bet | h. Steel |
| T | 130 STATE | 13L COUN | 11A | 13c. CITY OR TO |)WN | 13d INSIDE | CITY LIMITS? | 13e.STREET ADDR | ESS / ZIP CO | ODE | |
| | Maryland | Balt | imore | Edgem | ere | YES 🗌 | NO 🔀 | 3115 Wh | iteway | Road | 21219 |
| 1 | FATHER'S NAME | | MIDDLE | LAST | | 15 MOTHER | S MAIDEN NA | ME | OLE | | IAST |
| 4 | Edward | | | Ashby | | Sad | lie | | | Holli | ngsworth |
| I | 60, WAS DECEASED | | | 166 SOCIAL SE | CURITY NO. | 17 INFORM | ANT | A | DDRESS 39 | 60 Seat | on Road |
| ł | NO NO OR UNKNO | WN) (IF YES, GIV | E WAR OR DATES) | 401-09 | -9714 | Wm Do | nudlas A | | | | N.C. 2710 |
| F | and the same of th | DEATH (Enter on | ly one souse per | | | Titali, De | <i>c</i> . | , , , , , , , , , , , , , , , , , , , | 100011 | APP | ROXIMATE INTERVAL EEN ONSET AND CEATH |
| ı | PART I. DE | ATH WAS CAUSE | Ď BY: | 1 0.17 | 0 10 | u.Ma | deal | in houst | 20 | atiw | 30 What |
| ı | | IMMEDIA | E CAUSE (o) | 1 con | 0 10 | The state of the s | perd | , , , | 115 | | , Journa |
| I | | | DUE TO O | R 49 A CONSEC | | a. Dan | 00 | | | | 3 years |
| н | | if ony, which to immediate | (b) | 000 | any 1 | nou | 1 acc | rene | | | |
| ı | couse (o), | stoting the | DUE TO, O | R AS A PONSEO | WENCE OF | 4 | | | | | 20 uca. |
| t | underlying | couse lost. | (c) | 430 | VD | | | | | | o four |
| ı | | RSIGNIFICANT | ONDITIONS CO | ONTRIBUTING TO | O DEATH BUT | NOT RELATE | TO THE TERM | INAL DISEASE OR | CONDITION | GIVEN IN PAR | T Ito |
| | NO DATE OF C | | | J. F. | | | | | | | |
| | S 190 DATE OF | OPERATION | 196 COND | ITION FOR WHIC | H OPERATIO | N WAS PERF | DRMED | 20a AUTOPSY? | | YES, WERE FIN | DINGS USED SES OF DEATH? |
| ı | Ē | | | | | | | YES NO | | YES [| NO [|
| | 210. ACCIDENT | WAS UNDERLYING | 216. TIME O | | D.4.V. V.F.4.D. | 21c HOW II | JURY OCCUR | RED (ENTER NATURE O | FINJURY IN ITEM | IS PART I OR PART | 2) |
| 1 | OR CONTRIBUTION | G CAUSE OF DEA | 1177 | M. MONTH | DAY YEAR | | | | | | |
| Т | OR CONTRIBUTION | | 21e PLACE | OF INJURY | | 211 LOCAT | | | | | |
| Г | | NOT WHILE | (AT HOME, STR | REET, FACTORY, OFFIC | E FARM, ETC) | STREE | Ť | CITY | ORTOWN | COUNTY | STATE |
| Т | AT WORK | hot (I) (this hospi | 1-1) - Manadad At | | | 2-110 | 10 10 | | | 10 81 | de vide te evile de |
| Т | | deceased alive on | 11 7 | e deceosed from | 10 | nd that in /my | (our) opinion | death occurred on t | he date and | hour and from | the source stated |
| 1 | obove, (1) | (we) (did) (did no | 1) xiew the body | ofter death. | | | , (001) opinion | deally accorded on t | ne dore ona | | |
| ı | 22b. SIC. NAT | Commit | relian. | ue M | | DEGREE | ATTENDING | AMEDICAL_ | STAFF | 22c. D | ATE SIGNED |
| | N | -CVI VV | CLEESE | 100 | O'. | | PHYSICIAN | DIRECTOR PH | YSICIAN [| | V4-85 |
| | 22d. PHFSICIA | N'S NAME (TYPE C | R PRINT) | | | 22e ADDRE | ss / | | | | |
| | Hector | L. Feli | ciano. | M.D. | | 7200 | North I | Point Roa | d | | 21219 |
| 1 | 3a. BURIAL, CREMA | | | | NAME OF C | EMETERY OR | | 23d. LOCATION | | | |
| | Burial | | 12/5/1 | 005 | a roba c | Of Es | i+h | Baltim | | COUNTY | Marvland |
| 1 | 14 FUNERAL DIRECT | TOR Duda- | | | ardens | Of Fa | | E_REC'D. BY REGIST | | SISTRAR'S SIGN | |
| ľ | | | | MDDMLJJ | | 2722 | | EC 6 10 | RE S | lin Delida | on Action |
| 1 | 7922 Wis | e Avenue | Dunc | dalk, Ma | ryland | 2122 | 4 | 0 13 | W // | 3 1-1-1-1 | - I faith |

DHMH - 16 60M 7/84

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| NIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed to the haspital or attending physician. |
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| STATE OF MARYLAND |
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| DEPARTMENT OF HEALTH AND MENTAL HYGIEN |
| CERTIFICATE OF DEATH |

| STATE OF MARTLAND | |
|---------------------------------|---------|
| DEPARTMENT OF HEALTH AND MENTAL | HYGIENI |
| CERTIFICATE OF DEATH | |

| 1. | FOR STATE REGISTRAR | | DEPART | | HEALTH AND MENTAL HYG FICATE OF DEATH | REG. N | 0. | | |
|---------------|---|------------------------------------|---|-----------------|---|--|-------------------|-----------------------|----------------------------------|
| | CEASED NAME FIRST E OR PRINT) DO | | S. ASHLE | | LASI | 20. DATE OF DEATH DEC | EMBER | 30,198 | 26 HOUR |
| 3. SE | x Female | 4 RACE White | | | of Birth . 16,1,1901 YEAR | 6 AGE (IN YEARS LAST BIR | | PUNDER LYEAR | IF UNDER 24 HRS HOURS MIN. |
| | RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76 CITIZEN OF | WHAT COUNTRY? | MARRIE WIDOW | ED NEVER MARRIED DIVORCED | Baltimore City of Baltimo | | | MD |
| | altimore | (IF NOT IN SUC | HOSPITAL, NURSIN THE FACILITY GIVE STREET 8 Ailsa A | ADDRESS) | OR OTHER INSTITUTION | 17a USUAL OCCUPAT (TYPE OF WORK FOR MOST (HOMEMA) | | | F BUSINESS OR |
| 13a. S | AL RESIDENCE (IF NURSING HOME OF STATE 136 COL | | GIVE RESIDENCE BEFORE 136 CUY OR TOW Baltimor | N | 13d INSIDE CITY LIMITS? YES NO [| 136.STREET ADDRESS | íľsíok | 7e. 2 | 21214 |
| 14. FA | George Siepp | MIDDLE | EAST | | Dora Kle | | | LAST | |
| | VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES O | RMED FORCES? SIVE WAR OR DATES) | 220-22-9 | | Mrs. Barhara | ADDR . Rayburn | ESS | | |
| | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA | SED BY: ATE CAUSE (0) | Conges | Fre OF | e heart of | Parker | | APPROXIM BETWEEN O | MATE INTERVAL DNSET AND DEATH |
| | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost | (b) | RAS A CONSEQUE | - | nia | | | n | > |
| CERTIFICATION | PART 2. OTHER SIGNIFICANT | | | | NOT RELATED TO THE TERM | 200 AUTOPSY? | 20b. IF YES, | WERE FINDIN | IGS USED |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | EATH HOUR A. | DE INJURY M. MONTH DA M. | AY YEAR | 21c. HOW INJURY OCCUR! | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PAR | 1 I OR PART 2) | |
| MEDICAL | 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | OF INJURY REET FACTORY OFFICE, F | ARM ETC) | 211 LOCATION STREET | CITY OR TO | NWO | COUNTY | STATE |
| | 270. I certify that (I) (this has saw the deceased alive a 27b. SIGNATURE 27d. PHYSICIAN SNAME TYPE | 100 | 19 S | | nd that in (my) (war) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS 14 W. Coldsp | MEDICAL STA | FF CIAN [] | 22c. DATE S | 30/85 |
| 23a. 1 | BURIAL, CREMATION, REMOVA | | | NAME OF C | CEMETERY OR CREMATORY | 23d LOCATION | ,41011110 | COUNTS | - ALLEXO |

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, and

IMPORTANT: If them 21 is marked or them 18 shows

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial Jan. 2,1986 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

Parkwood

Parkville, Balto. Co., Md.

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

2 336 Augustus A

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 351122 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME 76 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR **BALTIMORE CITY OR COUNTY OF DEATH** 175 KIND OF BUSINESS OR 17a USUAL OCCUPATION INDUSTRY Medical Price Mrs. Martha E. Atkinson. Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IS +MULTI-ORGAN SYSTEM FAILURE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 Driver in auto/auto impact Lane, Howard Co., MD. PHYSICIAN DIRECTOR PHYSICIAN 22 SEREENE ST-MIEMSS-BA Cremation 12/13/85 Green Mount Balto. UEC 13 1985 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. DHMH - 16 60M 7/84 4905 York Road Balto., MD 21212

SECONDER LIQUIDE OF TRANSPORT APPROPRIATION

Cartin 1/1 Crash unt Far John On C. Yor For Ello.

tending physicion and completely filled in by the funeral director, page 3 re-corbanpopers. Pages 1 and 2 should be filed within 72 hours after death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

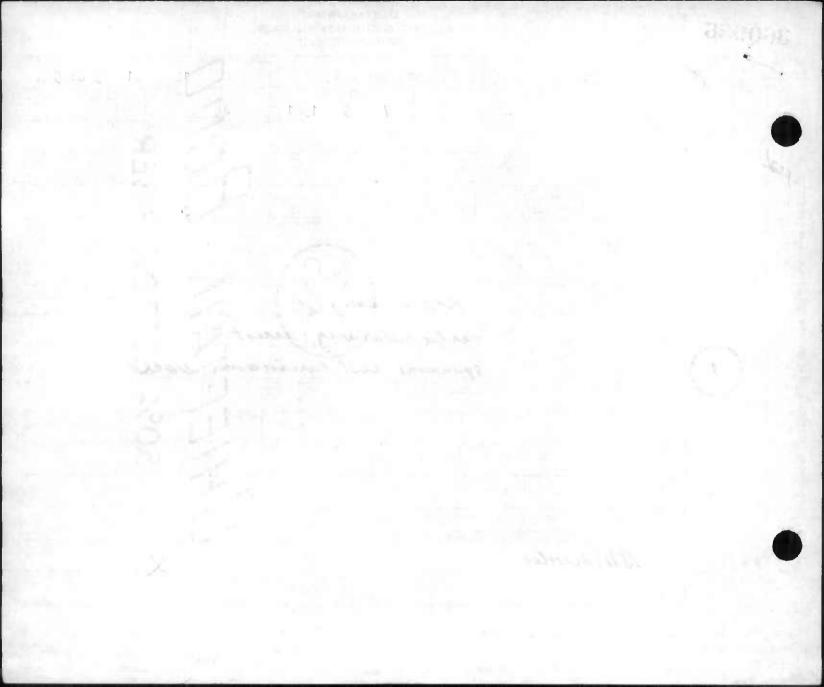
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| - 1 | | REGISTRAR | | 441111 | ICAIL OI DEATH | REG. N | O. | |
|-----|---------------|--|---|----------------------|----------------------------|-----------------------------|----------------------------|--|
| 1 | | CEASED NAME FIRST | MIDDLE | | LAST | 20. DATE OF DEATH | MONTH DAY YE | AR 26 HOUR |
| A | LITPE | RICHARD | Albin | AUGENTE | Jr. | | 21 8 | 85 6:45 A M |
| 1 | 3 SEX | (| 4 RACE | 5 DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIR | | |
| | | male | white | MONTH | 3 1941 | 44 | YRS. | DAYS HOURS MIN. |
| t | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COL | INTRY? B | | 9 BALTIMORE CITY | | Н |
| 4 | C | MD | USA | WIDOWE | D NEVER MARRIED | | e City | MD. |
| | 10 CII | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | ION 12b. KI | ND OF BUSINESS OR |
| | | Baltimore | (IF NOT IN SUCH FACILITY, GIV | nes Hosp | | Researcher | | elopment Co |
| 7 | USUA 130 S | RESIDENCE (IF NURSING HOME OF TATE 136 COUN | ROTHER INSTITUTION, GIVE RESIDEN | CE BEFORE ADMISSION) | 113d. INSIDE CITY LIMITS | ? 13e STREET ADDRESS | | |
| 7 | 130 3 | 1.00 000 | AA Hano | | YES NOXX | 115 Reavi | | 21076 |
| I | 14. FA | THER'S NAME | MIDDL# | ACT | 15 MOTHER'S MAIDEN | NAME | | LAST |
| | | Richard | A. Augent | e, Sr. | Sadie | M. | Scardi | |
| 1 | | AS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIA | AL SECURITY NO | 17 INFORMANT | ADDRI | ESS | |
| 4 | (1) | | XXXXXX 218/ | 42/3339 | Sadie M. Ca | struccio (mo | ther) Hano | ver, MD |
| | | 18 CAUSE OF DEATH (Enter or | | (b), and (c) | | 1 | BETY | PROXIMATE INTERVAL VEEN ONSET AND DEATH |
| | - 1 | PART I. DEATH WAS CAUSE | TE CAUSE (o) | nain | anoxin | | | |
| | | in the second | | ISTOLIENIST OF | | Zal. Para Lind I | | |
| - 1 | | Conditions if you which | DUE TO, OR AS A COM | lee pul | uoually d | neit | | |
| | | Conditions, if any, which gove rise to immediate | (b) | 7 | | | | |
| 1 | | couse (a), stating the underlying couse lost | DUE TO, OR AS A COM | | POPP COME | in oma , | USCK | |
| 1 | | | , 161 | mony | | | | |
| | z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTION | NG TO DEATH BUT | NOT RELATED TO THE T | ERMINAL DISEASE OR CON | IDITION GIVEN IN PA | RT Ira |
| | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 20g AUTOPSY? | 20b. IF YES, WERE F | INDINGSTISED |
| 7 | FIC | TAN DATE OF OFERATION | 196 CONDITION FOR | WITTER OFERATIO | NAS PERI ORMED | | IN CERTIFYING CA | USES OF DEATH? |
| 4 | ERT | 21a ACCIDENT WAS UNDERLYING | 7 21b. TIME OF INJURY | | 31: HOW IN HURY OCC | YES NO | YES [| NO 🗆 |
| | | OR CONTRIBUTING CAUSE OF DE | | TH DAY YEAR | THE HOW INJOK! OCC | ORRED (ENTER NATURE OF INJU | INTIN IEM IB PART I OR PAI | (1.2) |
| | CA | (IF EITHER, NOTIFY MEDICAL EXAMINE | | 19 | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET FACTORY, | OFFICE FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | OWN COUN | TY STATE |
| | < | AT WORK NOT WHILE AT WORK | | | | | | 50. 3.163 |
| | | 220 I certify that (I) (this hosp | | | , 19 | , to | . 19 | , that (1) (we) lost |
| П | | sow the deceased alive on above, (1) (we) (did) (did no | n of) view the body ofter death | . 19, o | nd that in (my) (our) opin | ion deoth occurred on the d | ate and hour and from | n the couses stated |
| | | 226. SIGNATURE | 0 | | DEGREE | | 226. [| DATE SIGNED |
| | | MIACULA | les | | ATTENDING PHYSICIAN | | | |
| | | 226 PHYSICIAN'S NAME (TYPE | OR PRINT) | | 22e ADDRESS | | | |
| | | | | | | | | |
| | | | 100 0 100 | TOTO NAME OF C | EMETERY OR CREMATO | | | |
| | | SURIAL, CREMATION REMOVAL | 23b. DATE | THE CHILD | LEMETER OR CREMATO | RY 23d LOCATION | | |
| | (| SURIAL, CREMATION REMOVAL SPECIFY) ntombment | 24 Dec 1985 | | ridge Mem Pk | CITY OR TOWN | Howard | MD |
| | E | ntombment | 24 Dec 1985 | | ridge Mem Pk | . Elkridge | Howard | MD |

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the buriol-transit permit. The with the State Dept. of Health and Mental Hygene priori IMPORTANT: If Hern 21 is marked or Item 18 shows any in

TO FUNERAL DIRECTOR:



ify filled in by the funeral director, page 3 should be filed within 72 hours after death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 1. DEC | | | | | | | | |
|-------------|--|--|--|--|---|--|--|--|
| | CEASED NAME FIRST E | dith MIDDLE M. | // | Aumon / | 20. DATE OF DEATH .A | 1 31 | AY YEAR | 1435 |
| | Laith | | 141 | amon | 12 | 10 | 85 | 111 |
| 3. SEX | X | 4 RACE | S. DATE O | | 6 AGE (IN YEARS LAST BIRTH | | ONTHS DAYS | HOURS M |
| | Female | White | | 1 13, 1908 | 77 | YRS. | | |
| | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 8 AAA DOIE | NEVER MARRIED | 9 BALTIMORE CITY OF | COUNTY | OF DEATH | |
| | chmond, Virgin | ia USA | WIDOWE | | Baltim | ore C | ity, | |
| 10 CIT | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | | 12a USUAL OCCUPATIO | N | 126 KIND | OF BUSINESS |
| | Baltimore | Edgewood Nursi | | me - 21212 | Waitress-K | irkle | Vill | la-Reti |
| 13a. S1 | | OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo | VN I | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS / 1629 St.P | ZIP CODE | + 1a1 | - FI |
| | THER'S NAME | Darvinc | 71.0 | 15. MOTHER'S MAIDEN NAM | | aul D | 0. 15 | 0 1.1. |
| | | MIDDLE Duffy | 7 | FIRST | WIDDLE | | LA | ul |
| | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECU | JRITY NO. | 17 INFORMANT | ADDRES | S | | |
| 111 | No - | 220-12-7 | 7140 E | Mr.Milton | Aumon - 162 | 9 St. | | |
| | 18 CAUSE OF DEATH (Enter on | ly ane cause per line force), (b), on | nd (c) | | | | BET WEEN | ONSET AND DEA |
| | PART I. DEATH WAS CAUSE | TE CAUSE IO) LENGIS | | | | | 48 | lesur |
| - 1 | | 2115 70 00 10 10 10 10 10 10 10 10 10 10 10 10 | SALCE OF | | | | | |
| | Conditions, if any, which | . DUE TO, OR AS A PONSEQUI | | . / 4 | - 4 | | 4 | 1 |
| | | | | DAN INAUACE | 1 | | | 11111 |
| | | (b) 1220 | wona | ry meck | Lon | | 10 | cays. |
| | gove rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEOU | | my whole | Lon | | 111 | cays- |
| | gove rise to immediate | 10, | | ny infoct | tion | | 141 | ous- |
| | gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUI | ENCE OF | ud aspira | tion/ | IT ION GIVE | 14d | ays- |
| NO | gove rise to immediate cause (a), stating the underlying cause last. | 10, | ENCE OF | ud aspira | tion hal disease or cond | ITION GIVE | 14de | oys- |
| ATION | gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (| DUE TO, OR AS A CONSEQUI | ENCE OF AU | ud aspira | tions INAL DISEASE OR COND 1200 AUTOPSY? | 20b. IF YES, | WERE FINDI | ous- |
| FICATION | gove rise to immediate cause (a), stating the underlying cause last. | due to, or as a conseou (c) Lunder conditions contributing to mark Failure | ENCE OF AU | ud aspira | 200 AUTOPSY? | 20b. IF YES, | WERE FINDI | S OF DEATH? |
| RTIFICATION | gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONSTITUTE 190. DATE OF OPERATION | DUE TO, OR AS A CONSEQUI (c) CONDITIONS CONTRIBUTING TO TELLURE 196 CONDITION FOR WHICH | ENCE OF AU | NOT RELATED TO THE TERM | 200 AUTOPSY? YES NO | 20b. IF YES, IN CERTIFY YES | WERE FINDI | INGS USED S OF DEATH? |
| CERTIFIC | gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONSTITUTE 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | DUE TO, OR AS A CONSEQUIDATION CONTRIBUTING TO TOUR TOUR TOUR TO THE PROPERTY OF THE PROPERTY | DEATH BUT | ud aspira | 200 AUTOPSY? YES NO | 20b. IF YES, IN CERTIFY YES | WERE FINDI | S OF DEATH? |
| | gove rise to immediate cause (a). Stating the underlying cause last. PART 2. OTHER SIGNIFICANT (ONCLUTE: 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | DUE TO, OR AS A CONSEQUIOR (c) LUMBER CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D | DEATH BUT | NOT RELATED TO THE TERM | 200 AUTOPSY? YES NO | 20b. IF YES, IN CERTIFY YES | WERE FINDI | S OF DEATH? |
| | gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONSTITUTE 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | DUE TO, OR AS A CONSEQUIDATE (c) LIMINATE OF INJURY HOUR A.M. MONTH D P.M. 216. PLACE OF INJURY | DEATH BUT H OPERATION AY YEAR 19 | NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURR 211 LOCATION | 200 AUTOPSÝ? YES NO DE LE | 20b. IF YES, IN CERTIFY YES | WERE FINDI ING CAUSE TI ORPARI 2) | S OF DEATH? |
| CAL | gove rise to immediate cause (a). Stating the underlying cause last. PART 2. OTHER SIGNIFICANT (ONCOUNTY OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED | DUE TO, OR AS A CONSEQUION (c) SUMMER TO SUMMER TO SUME OF INJURY HOUR A.M. MONTH D P.M. | DEATH BUT H OPERATION AY YEAR 19 | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURR | 200 AUTOPSY? YES NO | 20b. IF YES, IN CERTIFY YES | WERE FINDI | S OF DEATH? |
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| MEDICAL | gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT OF CONTROL OF CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES AT WORK NOT NOT WHITE AT WORK NOT NOT NOT WHITE AT WORK NOT NOT NOT WHITE AT WORK NOT | DUE TO, OR AS A CONSEQUIDATE (c) LIMINATE OF INJURY HOUR A.M. MONTH D P.M. 216. PLACE OF INJURY | DEATH BUT H OPERATION AY YEAR 19 FARM. EIC) | NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURR 211 LOCATION | 200 AUTOPSÝ? YES NO DE LE | 20b. IF YES, IN CERTIFY YES IN ITEM 18 PA | WERE FINDI ING CAUSE TRI I OR PART 2) | S OF DEATH? |
| MEDICAL | gove rise to immediate cause (a). Stating the underlying cause last. PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (4) ETHER NOTIFY MEDICAL EXAMINES AT WORK | DUE TO, OR AS A CONSEQUION (c) SUMMER (C) SUMER (C) SUMMER (C) SUMER (C) SUMMER (C) SUME | DEATH BUT H OPERATION AY YEAR 19 FARM.EIC) | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURR 211 LOCATION STREET | 200 AUTOPSÝ? YES NO DE LED (ENTERNATURE OF INJURY CITY ORTOW | 20b. IF YES, IN CERTIFY YES IN ITEM 18 PA | WERE FINDI ING CAUSE PRT I OR PART 2) | S OF DEATH? NO STATE |
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| 270 1 certify that (1) (this hospital) attended the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19 | 21d. INJURY OCCURRED | | FFICE, FARM, ETC.) | | CITY OR TOWN | COUNTY STATE |
| saw the deceased alive on 12-3 19 , and that in (my) (our) opinion death accurred on the date and hour and from the causes state above, (f) (we) (did) (did not) view the body after death. | WHILE NO WHILE | | | | | |
| above, (h (we) (did) (did not) view the body after death. | | 1 - 0 | Cru- | 2 19 85 | 10 13 - 3 | 19 5, that (II (we) last |
| | | | 19 , 0 | nd that in (my) (our) opinion o | death accurred on the date on | nd hour and from the causes stated |
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| Stanure Good ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN & 12-3-9 | Hanne | Good | | | MEDICAL STAFF DIRECTOR PHYSICIAN | × 12-3-85 |
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| 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION | | | 23c. NAME OF C | | 23d LOCATION | |
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| | | ESLEY WAS DECEASED EVER IN U.S. A YES NOOR UNKNOWN) 18 CAUSE OF DEATH IETHER PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAT EXAMIN 2114 INJURY OCCURRED WHILE NOTIFY MEDICAT EXAMIN 2120 1 Certify that (1) (this has) saw the deceased alive or above, (1) (we) (did) (did in 2220 1 CERTIFY INTERIOR INTERIOR 2221 1 CERTIFY INTERIOR 2222 1 CERTIFY INTERIOR 2234 REMOVER 224 REMOVER 2255 SIGNATURE DR. JANINE GO BURIAL, CREMATION, REMOVA BURIAL, CREMATION, REMOVA BURIAL FUNERAL DIRECTOR | WAS DECEASED EVER IN U.S. ARMED FORCES? WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (1) PART I. 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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| REGISTRAR | | CEKIII | ICAIE OF DEATH | RI | EG. NO. | | |
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| DECEASED NAME FIRST | MIDDLE | 1 | LAST | 20 DATE OF DEA | ATH MONTH | DAY YEAR | 26 HOUR |
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| 18 CAUSE OF DEATH (Enter | | , (b), ond (c) = _= | . 0 . | | | BETWEEN | ONSET AND DEATH |
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| WHILE NOT WHILE | (AT HOME STREET, FACTORY, | OFFICE, FARM ETC) | STREET | CIT | Y OR TOWN | COUNTY | STATE |
| AT WORK AT WORK | | 12 | 1 00 | 5 17 | -6 | SIC | |
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| 276. SIGNATURE | /. 1 | | DEGREE ATTENDING | MEDICAL | STAFF) | 22c DATE | 1,100 |
| nous | (assas) | / | PHYSICIAN | ☐ DIRECTOR ☐ P | | 16 | 10/10 |
| 22d PHYSICIANS NAME (TYPE | SADY | Trace U. | 27e ADDRESS MER | cy Ho | SPITAL | | |
| 230 BURIAL, CREMATION, REMOVA | AL 23b. DATE | 23c. NAME OF C | EMETERY OR CREMATORY | 23d. LOCATIO | | COUNTY | STATE |
| Burial | 12/10/85 | Parkwo | od Cemt. | | .Co. Ma | ryland | |
| 24 FUNERAL DIRECTOR | Balto.Md. | 21230 | 25a. D. | ATE REC'D. AY REGIE | | | |
| VCC13] JT Pinons | | DDRESS | | EC a 190 | 20 0 | 6 | |

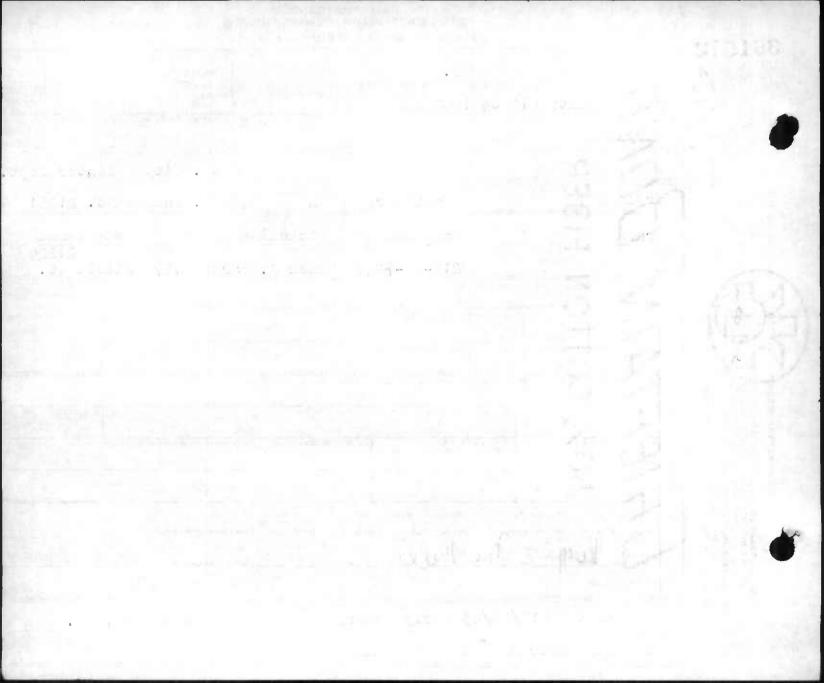
DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagewith the State Dept. of Health and Mental Hygiene priar ta burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

(VRA 15, 4)

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

| STATE OF MAKE | LAND |
|--------------------------|---------------|
| DEPARTMENT OF HEALTH ANI | MENTAL HYGIEN |
| CERTIFICATE OF | DEATH |

| 1. | FOR STATE REGISTRAR | | | DEPART | MENT OF H | E OF MAR IEALTH AN ICATE O | ID MENT | | IENE 8 5 3 | 3 . | 5 4 1 |
|---------------|--|---------------|-------------------|--------------------------------------|-------------|----------------------------------|-------------------------|-----------|--|---------------|-------------------------------------|
| | CEASED NAME | FIRST | | MIDDLE | | LAST | | | 20. DATE OF DEATH MONTH D | AY YEAR | 2b HOUR |
| | | CHARL | ES | W. | | BAILE | Y | | 12 17 | 85 | 4:00p M |
| 3 SE | X | | 4 RACE | | 5. DATE O | | | AR | | FUNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| | Male | | Wh. | ite | 10 | 10 | | Ĵ5 | 80 YRS | , | |
| 7a B | IRTHPLACE (STATE O | OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVI | ED AA A DDIE | ED [] | 9 BALTIMORE CITY OR COUNTY | OF DEATH | |
| | Virgini | a | U | SA | WIDOWE | | DIVORCE | | Baltimore Cit | V | MD. |
| m c | ITY OR TOWN OF D | EATH | | HOSPITAL, NURSIN | | OR OTHER I | NSTITUTIO | N | 12a. USUAL OCCUPATION | 12b. KIND C | OF BUSINESS OR |
| - | Baltimore | e | | Agnes Hos | | | | | Sup. Maintence | | Railroad |
| 130 | AL RESIDENCE (IF NO | 136 COUN | OTHER INSTITUTION | | ADMISSION) | 13d. INSID | E CITY IIA | A IT S 2 | 13e STREET ADDRESS / ZIP CODE | | |
| | aryland | | timore | Relay | | YES [| NO [| | | 227 | |
| 19 F | ATHER'S NAME | | WIDDLE | LAST | | 15 MOTH | ER'S MAIL | DENNA | ME | LAS | |
| | Charles | N | | Bailey | | | Eva | | | nnigan | |
| | WAS DECEASED EVE | | MED FORCES? | 166 SOCIAL SECU | IRITY NO. | 17 INFOR | MANT | | ADDRESS | | |
| | Yes | | V II | 705-05-0 | 0136 | Kaye | e B. | Whit | e, 409 Gun Rd. | 21227 | |
| | Conditions, if ar gave rise to in cause (a), sta underlying cau | IMMEDIA1 | DUE TO, O | r as a conseque | ler | lerve | se le | res | c Klart Disonse | ye | and s |
| NOI | PART 2 OTHER SI | GNIFICANT (| CONDITIONS CO | DIAMBUTING TO I | EATH BUT | NOT RELA | elle ; | E TERM | inal disease or condition give | N IN PART 1 | a |
| CERTIFICATION | 190. DATE OF OPER | | | ITION FOR WHICH | OPERATIO | | | | YES NOW YES | | |
| | 21a. ACCIDENT WAS LE OR CONTRIBUTING (IF EITHER NOTIFY M | CAUSE OF DEA | HOUR A. | M. MONTH DA | AY YEAR | 21c HOV | V INJURY (| OCCURR | RED (ENTER NATURE OF INJURY IN ITEM 18 PAI | IT OR PART 2) | |
| MEDICAL | 21d INJURY OCCU | URRED | 21e PLACE | OF INJURY REET FACTORY, OFFICE, F | ARM, ETC) | 21f LOCA | ATION REET | | CITY OR TOWN | COUNTY | STATE |
| | 22a certify that saw the dece abave, (1) (ww | ased alive on | | 9/25 19 | 8) a | nd that in (| my) (out) c | opinion o | death accurred an the date and hou | | that (I) (we) last couses stated |
| | 22b. SIGN A FLIRE | mes | Mola | | | DEGREE | ATTENE PHYSIC | | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE | \$IGNED 8/85 |
| | 22d. PHYSICIAN'S | NAME (TYPE | R PRINT) | | | 22e ADD | RESS | | | 1 | |
| | Dr | lan | | | | 1 | Malla | V.7 LI | : 11 | | |

DHMH - 16 60M 7/84

O FUNERAL DIRECTOR

the burial-transit permit. Then and Mental Hygiene prior to bu

should be detoched for use as the burial-transit p with the State Dept. of Health and Mental Hygien IMPORTANT: If Item 21 is morked or Item 18 show

(VRA 15, 4)

Dr. No.lan
230 BURIAL, CREMATION, REMOVAL 23b. DATE Cremation 12/21/85

Hulbard Funeral Home, Inc. 4107 Wilkens Ave.

230 NAME OF CEMETERY OR CREMATORY

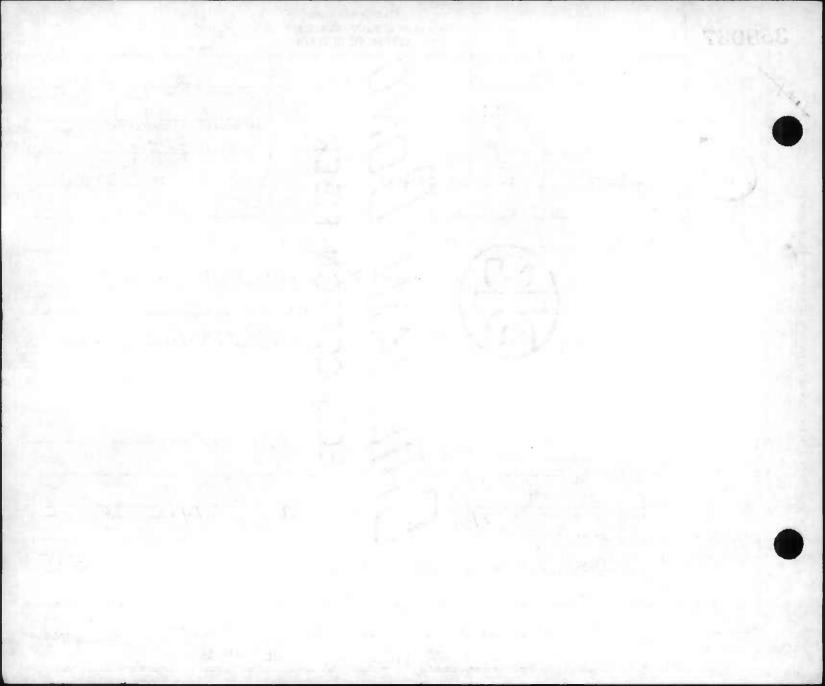
24 FUNERAL DIRECTOR

21229 ADDRESS

Balto. Nat'l Cem.

MATORY 23d LOCATION
CITY OF TOWN
Baltimore

125d. DATE REC'D. BY REGISTRANS AND THE



mpletely filled in by the funeral director. page 3 ond 2 shauld be filed within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

| | STATE OF MAKTLAND |
|----------------|-------------------------------|
| R | DEPARTMENT OF HEALTH AND MENT |
| ATE GISTRAR | CERTIFICATE OF DEAT |

AL HYGIENE

| | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. NO. | | | |
|---|---------------|---|---------------------------|---------------------------|---------------------|------------------|--|--|----------------------|--------------------|--------|------------------|
| | | CEASED NAME | FIRST | | MIDDLE | | AST | 20 DATE OF DE | | DAY YE | | 7b. HOUR |
| 1 | 1,1442 | ON PRINT] | TOHN | | A. | B | AKER | | 12 | 27 8 | 5 | 2-37 AM |
| | 3. SE) | | | 4. RACE | | 5. DATE O | | 6. AGE (IN YEAR | S LAST BIRTHDAY) | MONTHS (| | F UNDER 24 HRS |
| | | MALE | | Whi | te | AU | ig. 23, 1893 | 92 | Y | MONTHS D | AYS | HOURS MIN. |
| 1 | | RTHPLACE (STATE OR | FOREIGN | 76 CITIZEN OF | WHAT COUNT | RY? 8 | D NEVER MARRIED | 9. BALTIMORE | CITY OR COU | NTY OF DEAT | Н | |
| 1 | | Ohio | | U. | S.A. | WIDOW | | BAL | TIMOR | E CITY | / | MD. |
| 5 | 10. CI | Baltimore | ATH | (IF NOT IN SUC | H FACILITY, GIVE ST | | SPITAL | 12a. USUAL OC (TYPE OF WORK FO Brick | R MOST OF WORKI | NG LIFE) 12b. KIN | | BUSINESS OR |
| 5 | 13a S | AL RESIDENCE (IF NURS STATE Aryland | 13b COUN | OTHER INSTITUTION | | EFORE ADMISSION) | 13d. INSIDE CITY LIMITS? YES A NO | 13e STREET ADI | ORESS / ZIP C | ood Ave | | 21214 |
| | 14 FA | THER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S MAIDEN N | A | MIDDLE | | LAST | |
| - | 16a M | Lee | | W. | Bak 166 SOCIALS | | 17. INFORMANT | Not Kno | ADDRESS | 21 | 139 | |
| | | ES, NO OR UNKNOWN) | | E WAR OR DATES) | | | Marjorie A | Cool B | 197 | | - | |
| | - | No | | | | 1-6118 | marjorie A | . COOL D | JA 101 | | | |
| | | PART I. DEATH W | H Enter an /AS CAUSE | ly ane cause per D BY: | | | . /. | | | BETW | EEN ON | ATE INTERVAL |
| 3 | | | IMMEDIAT | E CAUSE (o) | Sep | tic She | CAC | | | | - | |
| | | | | DUE TO, O | R AS A CONSE | | | | | | | |
| | 100 | Canditions, if any | | (b) | Phi | umanie | 3 | | | - | - | |
| | | cause (a), statir underlying cause | | DUE TO, O | R AS A CONSE | OUENCE OF | phocytic Le | | | | | |
| | | | | (c) | | 9 | | | | | | |
| | Z | PART 2 OTHER SIG | NIFICANTO | ONDITIONS CO | DNIKIBUTING | TO DEATH BUT | NOT RELATED TO THE TER | RMIN AL DISEASE C | RCONDITION | GIVEN IN PAR | l Ita | |
| _ | ATIC | 190 DATE OF OPERA | TION | 19b COND | TION FOR WH | IICH OPERATIO | N WAS PERFORMED | 20a AUTOPS | Y? 20b. 11 | YES, WERE FI | NDINO | SS USED |
| 1 | CERTIFICATION | | | | | | | YES N | OK INCE | RTIFYING CAL | ISES C | NO T |
| | CER | 210. ACCIDENT WAS UN | | 216. TIME O | | 5.14 VE.15 | 21c HOW INJURY OCCU | | | A 1B PART I OR PAR | T 2) | |
| 1 | | OR CONTRIBUTING | | ATPA | | DAY YEAR | | | | | | |
| | MEDICAL | 21d INJURY OCCUR | | 21e. PLACE | OF INJURY | | 211 LOCATION | | ITY OF TOWN | COUNT | | STATE |
| | × | WHILE NOT WE AT WO | HILE D | (AT HOME STE | REET, FACTORY, OFF | ICE FARM, ETC.) | Of fitte | 1 | III ON TOWN | COOM | | STATE |
| | 16 | 22e.1 certify that (1) | | tal) attended th | | | 126/89 1985 | , ta | 12/2 | 1985 | th | at (I) (we) last |
| | | saw the deceas above, (1) (we) | ed alive an | | | 985,0 | nd that in (my) (aur) apinio | n death accurred a | n the date and | hour and from | the co | uses stated |
| | | 22h SIGNATURE | | | | | DEGREE | | | | | GNED |
| | | Kan | 1 th | e Kutt. | 4 | | M D. ATTENDING | MEDICAL | STAFF PHYSICIAN X | 1 | 2/2 | 7/85 |
| | | 22d. PHYSICIAN'S N. | AME (TYPE C | | 7741 | | | 1 Loch K | | | | |
| | | KHM | L1 | 1 191 | 177AL | | BALTIM | ORE, M | D 212 | 239 | | |
| | | URIAL, CREMATION, | REMOVAL | 23b. DATE | | 23¢ NAME OF C | EMETERY OR CREMATORY | | N | COUNTY | | STATE |
| | | Entom | bment | Dec 3 | 1985 | Lorran | nine Park | Ba | altimor | е | | ryland |
| - | 24 FL | INERAL DIRECTOR | | | ADDRE | 55 | 250 | DES AY | AR 256 RE | GISTRAR'S SIG | MAIL | Hydell. |
| | | Leonard J | . Ruc | k, Inc. | Balti | more, l | Maryland | 0 0 10 | 00 | | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP_

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the buriol-transit permit, with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If Item 21 is marked or Item 18 shows any

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|---------------------------|------------|-------------|--------------------|----|------------|
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| ilestmood Ave. 2121 | | X | eri ila | | 10,81 (1.3 |
| dwava dwava | liet Kn | | Tokel | .W | |
| RCITZ | Total A hi | Persiera St | 216-11-1 | | |
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Louistin, wo, i.c. million, ar lond

Burderstept Dec 30 1989 Lorranice Park

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2401

certificate

requires that the death

FOR = STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

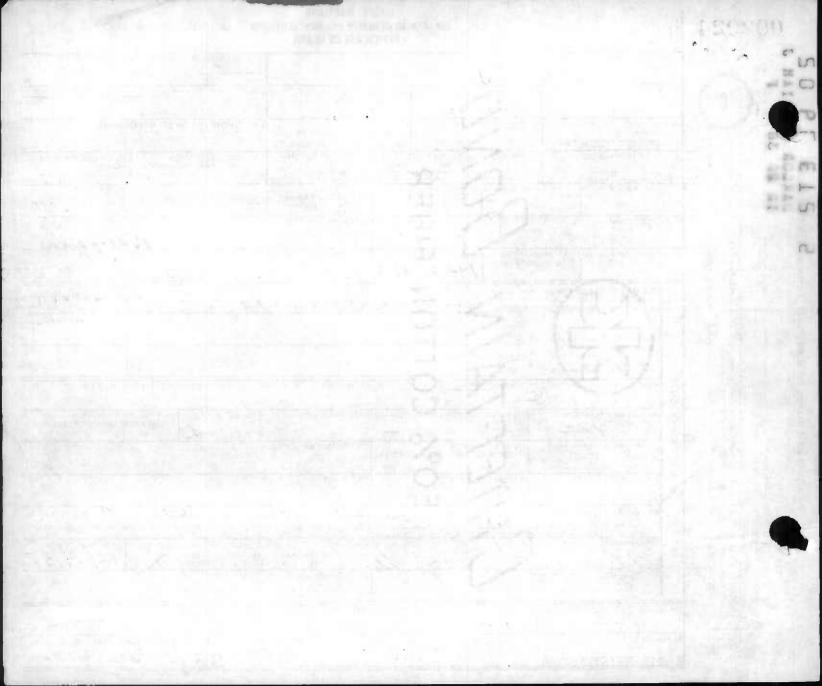
| 1 | KEOISTKA | | | | | | | REG. NO. | | | | |
|---------------|-----------------|--|--------------------------|--|------------|-------------------------------|-------------------------|-----------------|--------------|--------------------|--------------|-------|
| | (TYPE OF PRINT) | ME FIRST | | MIDDLE | | (AST | 20. DATE OF DE | ATH MONT | H DAY | YEAR | 26 HOUR | t |
| | | MIRIA | 1 | J. | BAKI | OR | DECEMBE | R 24, | 1985 | 2 | :15A | M |
| | 3 SEX | | 4 RACE | | 5. DATE (| OF BIRTH | 6 AGE (IN YEARS | LAST BIRTHDAY | IF U | NDER I YEAR | IF UNDER 2 | 4 HRS |
| | FEMA | LF | CAI | UCASTAN | DEC | | 4 | 6 | YRS. | THS DAYS | HOURS | MIN, |
| 0 | | (STATE OR FOREIGN | | OF WHAT COUNTRY? | 8. | | 9 BALTIMORE | CITY OR CO | UNTY OF | DEATH | | |
| 5 | coording | YLVANTA | | II S A | WIDOW | DIVORCED | BALTIMO | RE CIT | ΓY | | | AAD |
| | 10 CITY OR TOV | | | F HOSPITAL, NURSIN | IG HOME | OR OTHER INSTITUTION | 120 USUAL OCC | UPATION | | 12b. KIND O | F BUSINES | S OR |
| 3 | BALTIMO | ישר | | SUCH FACILITY, GIVE STREET JOHNS HOPK | | COTTAT | TYPE OF WORK FOR | | | NDUSTRY | | |
| 4 | | | | ON GIVE RESIDENCE BEFORE | | OSFIIAL | MANUFACT | TURERS | | | WELRY | |
| 月 | 130. STATE | 136 COL | | 136 CITY OR TOW | /N | 136. INSIDE CITY LIMITS? | 13e.STREET ADD | RESS / ZIP | | (21209 | | 00 |
| \rightarrow | MARYLANI | | | BALTO | | YESX NO 🗆 | 6350 RE | D CEDA | K PL | ACE, AI | 71. 1 | 09 |
| _ [| 14 FATHER'S NA | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | M | IDDLE | | LAST | T | |
| 2 | M) | RON | | JACOBY | | FRANCE | S | | W | ERTHI | EINE, | 2 |
| | 160 WAS DECEA | SED EVER IN U.S. A | RMED FORCES | | JRITY NO. | 17 INFORMANT | | ADDRESS | AP' | Г. 109 | 9 | |
| | NO | (IF TES, O | INE MAK OK DATES | 194-30- | 9848 | MR. SANFORD | M. BAKLO | R 6350 | RED | CEDA | R PL(| 2120 |
| ľ | II8 CAUSE | OF DEATH (Enter o | inly ane cause i | per line far (a), (b), an | | | | - | 1 | | MATE INTERV | |
| -1 | PART I. | DEATH WAS CAUS | ED BY: ATE CAUSE (a). | para h | MAGE | - OUARIAN | Adoma | Conci | 4200 00 | | relows | |
| - | | IMMEDIA | | | | | Nocord | CEPCITI | COVIC | 161 | hond | 10 |
| | 6 100 | | DUE TO | , OR AS A CONSEOUI | ENCE OF | 6.7 | | | | 10, | | |
| | | s, if ony, which | (b) | | | | | | | _ | | |
| | cause (|), stating the | DUE TO, | OR AS A CONSEQUE | ENCE OF | 4.1 | | | | | | |
| | undersyln | g cause last | (c) | | | | | | | | | |
| | | THER SIGNIFICANT | CONDITIONS | CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OF | CONDITIO | N GIVEN | IN PART 10 | 1 | |
| | 0 | Noi | UE | | | | | | | | | |
| 2 | S 190 DATE (| F OPERATION | 19b CON | NDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPS | 20b. | IF YES, W | ERE FINDING CAUSES | GS USED | 10 |
| 4 | E | MONE | | | | | YES NO | | YES | CAUSES | NO T | 15 |
| \Box | 190 DATE O | NT WAS UNDERLYING | | OF INJURY | | 21c HOW INJURY OCCUR | RED (ENTER NATURE | OF INJURY IN IT | EM 18 PART I | OR PART 2) | | |
| 9 | OR CONTRIL | UTING CAUSE OF DI | | A.M. MONTH D | | | | | | | | |
| | | NOTIFY MEDICAL EXAMIN | | CE OF INJURY | 19 | 211 LOCATION | | | | | | - |
| | AALLIE | NOT WHILE | | STREET, FACTORY, OFFICE, P | ARM, ETC) | STREET | CI | TY OR TOWN | , | COUNTY | STA | ATE |
| П | AT WORK | AT WORK | | | | 10/1 | _ | 10/0 | 1 | DI | | |
| | | y that (1) (this hosp ne deceased alive o | 101 | the deceased from _ | PT | 19 3 | , fa | 10/6 | 7, 19_ | | that (I) (we | , |
| | abave | , (l) (we) (did) (did n | | dy after death. | | od that in (my) (aur) opinian | death occurred ar | the dote an | nd haur an | d from the o | causes state | ed |
| | 226. SIGNI | TURE | 11 1 | // | | DEGREE | | | | 22c DATE | SIGNED | / |
| | 1/ | Cuchas | 129 | 1 dera | 11 | ATTENDING PHYSICIAN [| MEDICAL DIRECTOR 1 | STAFF THYSICIAN | X | 12/ | 24/8 | 35 |
| | 22d'PHYSI | IAN'S NAME (TYPE | OR PRINT) | 1 | | 22e ADDRESS | | | | | | |
| | MI | CHAEL S. | BARG M. | D. // | | TOHNS | HOW INS | HOSDIT | CAT | | | |
| - | 23a BURIAL CRE | MATION, REMOVA | L 236. DATE | 122. 1 | JAME OF C | EMETERY OR CREMATORY | 23d LOCATIO | | IAL | - | | |
| | (SPECIFY) | | | | | | CITY OR TO | | co | YINU | STA | ATE |
| | CREMA | | 12/2 | | | PARK CREM | BALTI | | | | YLAND | |
| | 24 FUNERAL DIR | S(| DL LEVI | NSON & BRO | S., IN | | E REC'D. BY REGI | 0 | 1 2 20 | | | |
| | 6010 RI | | | BALTO MD 2 | | DE DE | U 3 U 198 | 5 July | la Day | doon-A | modelle | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

the hospital or

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TO HOSPITAL etoined by



natified at once.

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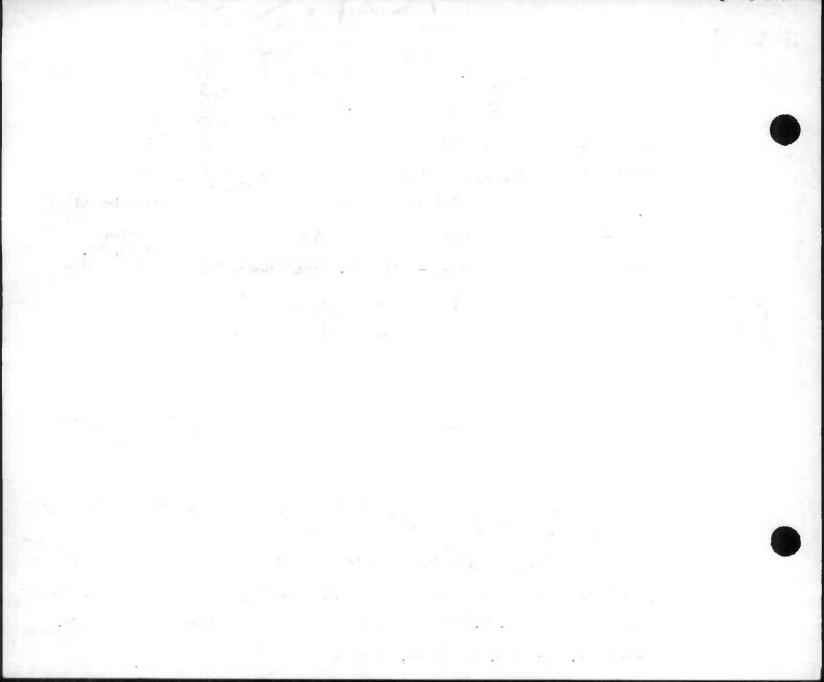
mpletely filled in by the funeral directar, page 3 and 2 should be filed within 72 hours after death executed within 24 hours after death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the at should be detached for use as the burial-transit permit. Then please remains the State Dept. of Health and Mental Hygister prior to burial, cremating IMPORTANT; if them 21 is marked at Item 18 shows any injury, at ather transit. TO HOSPITAL OR ATTENDING PHYSICIAIN: The low requires that the retained by the hospital or attending physician.

STATE OF MARYLAND

| 1 | y | STATE REGISTRAR | | DEP | CERTIF | ICATE OF DEATH | AL HYGIENE H | REG. N | 0. | | |
|----|---------------|--|---|------------------|-----------------------------|---------------------------|-----------------|-----------------------------|------------------------|--------------------|------------------------------------|
| 1 | (TYPE | CEASED NAME Edgar | r | W. | F | BALL | | DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR 45 M |
| | 3. SEX | MALE | 4 RACWhit | /XXI | | | EAR | GE (IN YEARS LAST BIR | YRS | IF UNDER I YEAR | IF UNDER 24 HRS. HOURS MIN. |
| Z | C | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF | SA | WIDOWE | | ED 🗌 | ALTIMORE CITY C | TX | | MD. |
| 1 | | BALTO | HAM/L | H FACILITY, GIVE | TER DI | OR OTHER INSTITUTION | | USUAL OCCUPAT | | | OF BUSINESS OR |
| Ž, | 13a S | Md. | | Bal ti | BÉFORE ADMISSION) TOWN MOTE | 13d. INSIDE CITY LIM | | STREET ADDRESS 4232 Par | ZIP COD | Drive | 21206 |
| 2 | I4 FA | THER'S NAME | MIDDLE | Ball | | 15. MOTHER'S MAID ARda | | MIDDLE | | Brian '^ | |
| | | VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIVI | MED FORCES? E WAR OR DATES) | | 3-8929 | Mr. Norm | an Bro | | | air, Md ield Dr | ive |
| | | 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT | y one couse per O BY: E CAUSE (o) | line for (a) (b | HONT | - inti | WEI | re Her | w.l | BETWEEN | RIMATE INTERVAL ONSET AND DEATH |
| | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | (b) | | EOUENCE OF | arlai J | - Reu | of face | Mig | | |
| 7 | CERTIFICATION | PART 2. OTHER SIGNIFICANT C | | | | NOT RELATED TO TH | 2 | Ou AUTOPSY? | 206. IF YE IN CERTI | S, WERE FINDI | NGS USED SOF DEATH? |
| 7 | | 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER | IH | M. MONTH | DAY YEAR | 31¢ HOW INJURY (| | ENTER NATURE OF INJU | | PART I OR PART 2) | NO 🗌 |
| | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 1 | EET, FACTORY, OF | FICE, FARM, ETC.) | 211 LOCATION STREET | _ | CITY OR TO |)WN | COUNTY | STATE |
| | | 22a.l certify that (I) (This hospit saw the deceased alive on above, (I) (we) (did) (didno 22b. SIGNATURE | 1211 | 8 | 19 5 0, or | od that in (my) (our) o | opinion death | h occurred on the d | ote and ha | | that (I) (w) fast couses stated |
| | | 22d PHYSICIAN'S NAME (TYPE O | MA I | Mole | & W | ATTEND | DING M | EDICAL STA RECTOR PHYSIC | | 2/3 | 28/04 |
| | | DONALD W | MIN | TRO | J MO. | 30095 | VERG | 888 K | VER. F | ALTO | m121314 |
| | 23a B | Burial Burial | 23b. DATÉ Dec. 24 | ,1985 | Oak Lav | emetery or crema T | ATORY 2 | Baltimor | e | COUNTY | Md. STATE |
| | 24 FU | JNERAL DIRECTOR | la Tura | D 34 ADDR | RESS | 7 | 25a DATE | C 2 4 98 | 25b. REGIS | TRAKS SIGNA | TURE |

DHMH - 16 50M 4/83 (VRA 15, 4)

Leonard J. Ruck Inc. Baltimore, Maryland



FOR STATE REGISTRAR

| STATE OF MARYLAND | |
|-------------------------------------|------|
| DEPARTMENT OF HEALTH AND MENTAL HYG | IENE |
| CERTIFICATE OF DEATH | |
| | |

REG. NO.

| | CEASED NAME E OR PRINT) | LOREN | | F. | | BALL | | 20 DATE OF DEATH | 102"H | 77 8 | 5 26 | 140 0 | |
|--|---|----------------|---|---|--------------------------------|-----------------|--------------------|---|---------------------|----------------------------|----------|--|--|
| 1.58 | v. | | RACE | | 5 DATE | OE BIDTH | | 6 AGE (IN YEARS LAST | DIGTHOAY | IF UNDER 1 Y | E A D IE | UNDER 24 HRS | |
| , | | | | | 5 DATE OF BIRTH MONTH DAY YEAR | | AGE (IN TEAMS (AS) | BIRTHUATI | | | JURS MIN | | |
| Female | | | White | | 6 24 03 | | 82 | YRS | | | | | |
| 70. BIRTHPLACE (STATE OF FOREIGN COUNTRY) Maryland | | | U.S.A. WIDOWE | | | D NEVER MARRIED | | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| | | | | | | | DRCED | Baltimore City MD. | | | | | |
| | ITY OR TOWN OF DEA | ATH 11 | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | | | | | 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | | | | | |
| J | Baltimore | | | gnes Hosp | | | | Salespers | | | v Cc | | |
| 130 | AL RESIDENCE (IF NURS | 136 COUNTY | HER INSTITUTION | GIVE RESIDENCE BEFORE A | DMISSION | 13d INSIDE CIT | V.11TC0 | 13e STREET ADDRES | | | | | |
| | arvland | Balti | | Woodlawn | | | 10 🔀 | 5511 Win | | | a | 21207 | |
| | ATHER'S NAME | | | | | 15 MOTHER'S | | | USOL | VIII RO | 1. | 21207 | |
| 1 | Maurice | MID | | LAST Constant | | | RST - 3 | WIDDLE | | | LAST | | |
| 140.3 | WAS DECEASED EVER | | D FORCESS | Gardne | | 17 INFORMAN | da | E. | ORESS | Cč | arro | 11 | |
| 100 | YES, NO OR UNKNOWN) | (IF YES GIVE W | | | | | | | | | | | |
| _ | NO | | | 219-05-6 | 560 | IAlphia | Weckes | ser 9808 | 52nd_I | | 207 | | |
| | 18 CAUSE OF DEAT PART 1. DEATH W | H (Enter anly | line far (a), (b), and | OLDAN | 1011 | CONTO | | BETW | ROXIMAT EEN ONSI | E INTERVAL ET AND DEATH | | | |
| | PARTI. DEATH VI | IMMEDIATE (| / | PARDIO | ORESPIRATORY | | | AMKES | > | | | | |
| | C 04 | | DUE TO OF | AS A CONSEQUEN | ICE OF | | | | | | | | |
| | Canditions, if any, which (INTENTION) DUE TO, OR AS A CONSEQUENCE OF CARDIN IN PARCETION | | | | | | | | | | | | |
| | gave rise to immediate | | | | | | | | | | | | |
| | cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 | | | | | | | | | | | | |
| z | PART 2 OTHER SIGE | VIFICANT CO | ADITIONS CC | NIKIBUTING TO DE | AIN BUI | NOT RELATED I | O THE TERM | INAL DISEASE OR CO | DUDITION | IVEN IN PAR |) Ita | | |
| CERTIFICATION | 190 DATE OF OPERA | TION | TIBL CONDI | CONDITION FOR WHICH OPERATION WAS PERFORMED | | | | 200 AUTOPSY? | 201 IE V | ES, WERE FIN | IDINIOS | LICED | |
| 55 | | | 198 CONDITION FOR WHICH OPERATION WAS PERFORMED | | | | ZUG AUTOPSTE | | TIFYING CAU | | | | |
| E. | | | | | | | | YES NO | | YES 🗌 | | 10 🗆 | |
| 55.0 | 210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | | 21b. TIME O HOUR A./ | FINJURY M. MONTH DAY | DAY YEAR 21c. HOW INJURY OCCUR | | | ED (ENTER NATURE OF IT | NJURY IN ITEM 18 | B PART I OR PART | 2) | | |
| CAL | (IF EITHER NOTIFY MEDI | | P./ | M. | 19 | | | | | | | | |
| MEDICAL | 21d INJURY OCCUR | RED | 21e PLACE | OF INJURY EET, FACTORY, OFFICE FAR | | 211 LOCATION | 1 | CITY OF | TOWN | COUNTY | | STATE | |
| Σ | WHILE NOT WE | RK | TAT HOME STR | EET, PACTORY, OFFICE PAR | W EIC) | 37,422 | | | | | | 3.7 | |
| | 220.1 certify that (I) | | attended the | e deceased fram | 200 | - 16 | 10 85 | 10 DEC | - 17 | 10 85 | that | (I) (we) las | |
| | now the deceased give an DTC 17 19 85 and that is travel and the ground as the data and how and have and how and have the | | | | | | | | | | | | |
| | abave, (1) (we) (did) (did not view the bady after death. 17b. SIGNATURE) DEGREE 17c. DATE SIGNED | | | | | | | | | | | | |
| | ATTENDING MEDICAL STAFF / 17. DET /6 | | | | | | | | | | | | |
| | 224 DELVE ICTANIE NI | DIRECTOR PHY | SICIAN | 17 | U | 0 | | | | | | | |
| | 22d. PHYSICIAN'S NAME (TYPE OR PRINT) OS CAR MENDEZ 22e. ADDRESS ST. BGNE | | | | | | | c HACD | 1+1 | | | | |
| | COMR | DIVIT | NUC | ~ | | 01-1 | 19100 | - 105T | 117/ | | | | |
| | BURIAL, CREMATION, | REMOVAL | 23b. DATE | 23c NA | WE OF C | EMETERY OR CR | EMATORY | 23d LOCATION | | COUNTY | | STATE | |
| | Burial | | 12/20 | /85 Lo | udon | Park Ce | meterv | | | COUNTY | Ma | rvlan | |
| 24 FI | UNERAL DIRECTOR | | | | | 21229 | | REC'D. BY REGISTR. | | STRAR'S SIGN | | | |
| F | lubbard Fur | neral H | ome. T | nc. 4107 I | Wilke | | DEC | 1 0 1085 | Castia S | avidson | 70. | .00 | |
| | | | TIME I | TTO! | 44-117 | CITO UAC. | I Co Co V | | Janes 10 | -VOOD - | MINTER. | The same of the sa | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

Section of the sectio

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| FOR STATE REGISTRAR | DEPAR | TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH | YGIENE REG. NO. | 0 0 0 0 0 | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. DECEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR | | | | | | | | |
| | herine Louise | Bangs | December 15 | 1985 4:30a | | | | | | | | |
| 3. SEX | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS | | | | | | | | |
| Female | White | Sept. 10 1906 | 5 79 YR | | | | | | | | | |
| To BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | * MARRIED TENEVER MARRIED | 9 BALTIMORE CITY OR COU | | | | | | | | | |
| Md. | U.S.A. | WIDOWED DIVORCED | - Dal+imore | e City MD. | | | | | | | | |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE | ING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 12b. KIND OF BUSINESS OR | | | | | | | | |
| Baltimore | Edgewood N | Nursing Home | Homemaker | - | | | | | | | | |
| 130 STATE Md. | E OR OTHER INSTITUTION GIVE RESIDENCE BEFO DUNTY 130. CITY OR TO Baltin | WN 134 INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CO 3410 Kenyor | | | | | | | | | |
| 14. FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN I | NAME | LAST | | | | | | | | |
| William | Gritze | en Unkr | | Wagner | | | | | | | | |
| 160 WAS DECEASED EVER IN U.S. | | CURITY NO. 17 INFORMANT | ADDRESS | 21213 | | | | | | | | |
| (YES NO OR UNKNOWN) (IF YES, | GIVE WAR OR DATES) 214-20 |)-1170 Carroll 1 | Midgett 3628 I | Oudley Ave. | | | | | | | | |
| Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUED. | STEM INFAR UENCE OF BRAL ARTERIOS (L UENCE OF | EROSIS | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS YEAR | | | | | | | | |
| | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIABETES MELLITUS | | | | | | | | | | | |
| NO DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | H OPERATION WAS PERFORMED | | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO | | | | | | | | |
| 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAM.) 216. INJURY OCCURRED | DEATH HOUR A.M. MONTH | DAY YEAR | URRED (ENTER NATURE OF INJURY IN ITEM | IS PART I OR PART 2} | | | | | | | | |
| 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE | | | | | | | | |
| AT WORK NOT WHILE | (A Thomas officer, the fort, of the | | - 10-2-15- | C.F | | | | | | | | |
| sow the deceased alive | 22a. I certify that (I) (this hospital) attended the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | | | | | | | | | |
| PY | Maln Mal | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 12/17/85 | | | | | | | | |
| 224 PHYSICIAN'S NAME (TY | PE OR PRINT) | 22e ADDRESS | * | | | | | | | | | |
| Dr. Bie | envenido Matos | Yorkto | wn Village She | opping Cen. | | | | | | | | |

DHMH - 16 60M 7/84

MPORTANT: If Item 2

24 FUNERSCHIEBunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. (VRA 15, 4)

23b. DATE

12/18/85

23a. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY Gardens of Faith

Cockeysville Md. 23d LOCATION CO CITY OR TOWN Baltimore

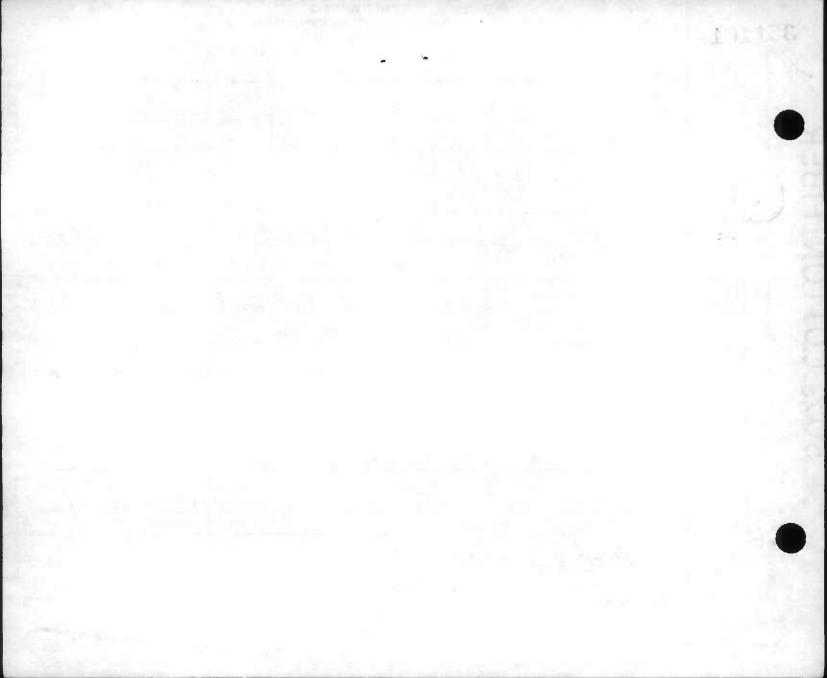
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The same of the sa

STATE OF MARYLAND

| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 |
|---|
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death controls be executed with 24 hour other death. Page 4 may be retained by the hospital or attending physician. |
| TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the bund-stonsingermit. Then place remove authority and a contract of the contract |

| | | 1 | | | STATE OF MARYLAND | 4 | A fining | a gin |
|----------------------------|---|---------------|---|---|--|--|--|---|
| 35 | 1101 | 1 | FOR - STATE REGISTRAR | DE | PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | IENE S S | 3 3 | 3 3 4 |
| | oy be | | PECEASED NAME FIRST | Annie MiddleMil | dred White Barksdale | 20. DATE OF DEATH | MONTH DAY YEAR | 26. HOUR 0946 |
| P | ge 4 may ector, pog s after de | 3. 5 | Female | 14. RACE Black | S DATE OF BIRTH AGNITH DAY YEAR 3.0 | 6. AGE (IN YEARS (AST BIRT | MONTHS DA | |
| | 72 Por | 7a. | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COU | 00000 | 9 BALTIMORE CITY OF | | |
| 10 | offer of | 10. | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, I | NURSING HOME OR OTHER INSTITUTION | 12d. USUAL OCCUPATION OF WORK FOR MOST OF UNEMPTOYEE | DN 12b KINI F WORKING LIFE) INDUST | D OF BUSINESS OR |
| BALTIMORE, MARYLAND 2120 | Gi) R | US 13e | VAL RESIDENCE (IF NURSING HOME STATE 136 CO | OR OTHER INSTITUTION GIVE RESIDENCE | REBEFORE ADMISSION) REPORT ADMISSION R | 13e.STREET ADDRESS | | 21225 |
| MARYLA | 126 | 7 | FATHER'S NAME CHARLES | MIDDLE WHI | 15. MOTHER'S MAIDEN NAM | - | RI | TRY |
| IMORE, | Poges. | 160 | WAS DECEASED EVER IN U.S. A LYES NO OR UNKNOWN) (IF YES. | | 1 SECURITY NO. 18 BET PAYOU Ene Bar | ksdale 2525 | S SEamon Av | enue |
| | physicio physicio ripapera mosall sent, the | - | | only one couse per line for (o), SED BY: IATE CAUSE (o) | (b), and (c).) 10 PULMONARY A | RAEST | APPR | OXIMATE INTERVAL EN ONSET AND DEATH |
| PRESTON ST | nending recording on, or re umatic e | | Conditions, if ony, which | DUE TO, OR AS A CON | ISEQUENCE OF | - | | |
| 3 | by the or se remoti cremoti other tro | | gove rise to immediate couse (a), stating the underlying couse last. | DUE TO, OR AS A CON | | | | |
| IDS, 201 | signed signed Then ple to burn | z | PART 2 OTHER SIGNIFICAN | T CONDITIONS CONTRIBUTION | IG TO DEATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR COND | DITION GIVEN IN PART | lio |
| DIVISION OF VITAL RECORDS, | The law re ician. Ite has been ast permit. I givene prior shows any in | CERTIFICATION | 19a DATE OF OPERATION | 19b. CONDITION FOR | WHICH OPERATION WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FIN IN CERTIFYING CAUS YES | DINGS USED SES OF DEATH? |
| OF VII | clans phys errifico al-tro atol Hy | and the same | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN | DEATH HOUR A.M. MONT | H DAY YEAR | | | |
| Noisin | the the ond | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, | 211 LOCATION | CITY OR TOW | AN CONNIA | STATE |
| | | | sow the deceased alive | spital) attended the deceased on | from 19 19 19 19 19 19 19 19 19 19 19 19 19 | to 12 (4 | te and hour and from t | that (I) (we) last the couses stated |
| | AL OK ATTEN 7 the hospital 7.AL DIRECTOR detached for u ate Dept. of He MT: If Item 21 is | | 226. SIGNATURE | R. Bolys | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | F / | TE SIGNED |
| i d | TO FUNERAL should be determined by the State (MPORTANT: III | | 22d. PHYSICIAN'S NAME (TYPE | / / - | GIANO 220 ADDRESS | J DIRECTOR THIS | | |
| 5 | 5 5 4 3 \$ - | 230 | BURIAL, CREMATION, REMOVA | | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | | |
| | BP | | BURIAL | 12/14/85 | Cedar Hill Cemetery | Anee Arun | | Md |
| D | HMH - 16 60M 7/84 (VRA 15, 4) | | arch Funeral Ho | omes 1101 East | North Avenue | EC 1 3 198 | Sh. REGISTRABISHON | WOORE |



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| 1 DEC | | | | | REG. N | | | |
|-----------------------|---|--|---|--|--|---|--|--|
| | CEASED NAME FIRST | MIDDLE | L | AST | 20. DATE OF DEATH | | DAY YEAR | 26 HOUR |
| (TYPE | Barn | hill | JASEL | phine | | 12 1 | 9 85 | 145 |
| 3 SE) | | 4. RACE | 5. DATE O | | 6. AGE (IN YEARS LAST BI | RTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 H |
| | -0 | Z. | MONTH | DAY YEAR | 74 | | MONIHS DATS | MOURS M |
| a RI | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTR | V2 8 | -1-1911 | 9 BALTIMORE CITY O | YRS YRS | COEDEATH | |
| | COUNTRY | 1 S O | MARRIED | NEVER MARRIED | a-t | SK COOIVI | OFDEATH | |
| 10. 61 | / / | U.O.H. | WIDOWE | - | 0.17 | 1000 | Tian was a | ar built burge |
| 19. CT | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR | EET ADDRESS! | 4 | TYPE OF WORK FOR MOST | | | OF BUSINESS |
| 1 | Dalto | Deaton Hospita | 1 & MR | d-center | Teach | er | F14 | catio |
| | AL RESIDENCE (IF NURSING HOME OF | Content of the content of the state of the s | | 13d. INSIDE CITY LIMITS? | The STREET ADDRESS | / ZIP CODE | | |
| | Md. B | alto Junn | ers | YES NO | | 20-121 | | 212 |
| II FA | ATHER'S NAME | MIDDLE AST | 5.7 | 15 MOTHER'S MAIDEN N | MIDDLE | | | |
| 1 | Milles | Valen | tiNe | Mar- | tha | | Jor | VES |
| | | MED FORCES? 166 SOCIAL SE | CURITY NO. | 17 INFORMANT | ADDR | ESS | | |
| - | YES, NO OR (NKNOWN) (IF YES GIV | EQ15 2 214-28 | -9158 | Mrs. Inrips | TAWKS 3 | 103 E | The 7 | V/ |
| | | O TO BINIT NO | | ייייייייייייייייייייייייייייייייייייייי | | | APPROX | IMATE INTERVAL ONSET AND DEA |
| | PART I. DEATH WAS CAUSE | nly one couse per line for (a), (b), D BY | ond (c) | 1 0.1 | 11 | | BETWEEN | ONSET AND DE |
| | IMMEDIA | TE CAUSE (0) CONNEST | rists line | | Clinical | | | |
| | | DUE TO, OR AS A CONSEC | DUENCE OF | P. W. | (IMAILES) | | | |
| | Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost | DUE TO, OR AS A CONSEC (b) auto | DUENCE OF | failure | (Maios) | | | |
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| NOI | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost | DUE TO, OR AS A CONSEC (b) auto DUE TO, OR AS A CONSEC (c) MUITO | DUENCE OF DUENCE OF | | MINAL DISEASE OR CON | IDITION GIV | /EN IN PART 10 | 0 |
| CATION | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost | DUE TO, OR AS A CONSEC (b) auto DUE TO, OR AS A CONSEC (c) MUITO | DUENCE OF DUENCE OF MAN | NOT RELATED TO THE TER | MINAL DISEASE OR CON | 20b. IF YES | S, WERE FINDI | NGS USED |
| TIFICATION | Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (| DUE TO, OR AS A CONSECTION (a) DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO | DUENCE OF DUENCE OF MAN | NOT RELATED TO THE TER | | 20b. IF YES | | NGS USED |
| CERTIFICATION | Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (| DUE TO, OR AS A CONSECTION (a) DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO THE CONDITION OF THE CONDITION O | DUENCE OF DUENCE OF DEATH BUT CH OPERATION | NOT RELATED TO THE TER | 200 AUTOPSY? YES NO | 20b. IF YES | S, WERE FINDI FYING CAUSES | NGS USED S OF DEATH? |
| | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING COCCONTRIBUTING CAUSE OF DE | DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION (c) MUTHOR CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHILE 21b. TIME OF INJURY HOUR A.M. MONTH | DUENCE OF DUENCE OF DEATH BUT CH OPERATION DAY YEAR | NOT RELATED TO THE TER. | 200 AUTOPSY? YES NO | 20b. IF YES | S, WERE FINDI FYING CAUSES | NGS USED S OF DEATH? |
| | Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (| DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION (c) WITH CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHILE 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY | DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 | NOT RELATED TO THE TER. N WAS PERFORMED 21c HOW INJURY OCCUI | 200 AUTOPSY? YES NOTER NATURE OF INJURED | 20b. IF YES | S, WERE FINDI FYING CAUSES S D PART I OR PART 2) | NGS USED 6 OF DEATH? NO [] |
| MEDICAL CERTIFICATION | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEVILLE THE NOTIFY MEDICAL EXAMINET CIFETIMEN NOTIFY MEDICAL CIFETIMEN | DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHITE 19b. CONDITION FOR WHITE 19b. TIME OF INJURY HOUR A.M. MONTH P.M. | DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 | NOT RELATED TO THE TER. N WAS PERFORMED 21c HOW INJURY OCCUI | 200 AUTOPSY? YES NO | 20b. IF YES | S, WERE FINDI FYING CAUSES | NGS USED S OF DEATH? |
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| | Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEP. (IF ETHER NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this hospi | DUE TO, OR AS A CONSECTION OF AS | DUENCE OF DUENCE OF DEATH BUT CH OPERATION DAY YEAR 19 CE. FARM ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUI 21f. LOCATION STREET | 200 AUTOPSY? YES NOT NOT NOT NOT NOT TO 12/10 | 20b. IF YES | S, WERE FINDS FYING CAUSES S T PART I OR PART 2) COUNTY | NGS USED OF DEATH? NO |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OPERATION 21d INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK 220.1 certify that (1) (this hosping we the deceased alive an obove, (1) (we) (did) (did not opove, (1) (we) (did) (did) | DUE TO, OR AS A CONSECTION OF AS | DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 CE, FARM ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUI 21l. LOCATION STREET 21l. 19 31l. 40 d that in (my) (our) opinion | 200 AUTOPSY? YES NOT NOT NOT NOT NOT TO 12/10 | 20b. IF YES | COUNTY | NGS USED SOF DEATH? NO STATE |
| | Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE EITHER NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED WMILE NOTIFY MEDICAL EXAMINES 210.1 Certify that (I) (this hasping with the deceased alive and sow the | DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION (c) DUE TO, OR AS A CONSECTION (d) DUE TO, OR | DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 CE, FARM ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUI 21l. LOCATION STREET 19 4 that in (my) (our) opinior DEGREE | 200 AUTOPSY? YES NOTE CITY OF TO 1 death occurred on the death | 20b. IF YE IN CERTIII YE IN ITEM IS I | COUNTY 19 27 and from the | NGS USED OF DEATH? NO STATE that (f) (we) couses stated |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OPERATION 21d INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK 220.1 certify that (1) (this hosping we the deceased alive an obove, (1) (we) (did) (did not opove, (1) (we) (did) (did) | DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION (c) DUE TO, OR AS A CONSECTION (d) DUE TO, OR | DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 CE, FARM ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUI 21l. LOCATION STREET 21l. 19 31l. 40 d that in (my) (our) opinion | 200 AUTOPSY? YES NOTER NATURE OF INJURE CITY OR TO death occurred on the death occurr | 20b. IF YE'IN CERTIII YE IN CERTIII YE IN ITEM IS I | COUNTY 19 27 and from the | NGS USED S OF DEATH? NO STATE that (f) (we) couses stated |
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OR ATTENDING

TO HOSPITAL

etoined by

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for Use as TO FUNERAL DIRECTOR:

12-27-55 BURIAL 24 FUNERAL DIRECTOR

Ling Meins

Jas. A. McRron - Sons 1701 Laurens

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DEC 26 1985 Julia Davidin Pon Julia Bairdon Rondalle

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 003150 - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) BETTY FRANCES BARRETT 3. SEX 4. RACE 5. DATE OF BIRTH 1.0 29 24 B 56 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED DIVORCED BALTIMORE CITY 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION UNION MEMORIAL HOSPITAL BALTIMORE USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 138. STATE 1138. COLINTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 2438 GUILFORD BALTIMORE MARYLAND 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST MIDDLE ALLEN ARVIN HAZEL 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-28-8949 HAZEL G. AULTON 2753 BAKER ST. NO 18. CAUSE OF DEATH (Enter only one cause per line for ta), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED p IN CERTIFYING CAUSES OF DEATH? tentol Hygi 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME. STREET, EACTORY, OFFICE FARM, ETC.) CITY OR TOWN AT WORK

220 I certify that (1) (this hospital) attended the deceased from

saw the deceased alive on a

22b. SIGNATUR

IF UNDER I YEAR DAYS

INDUSTRY

12h KIND OF BUSINESS OR

SCHOOL

AVE. 2nd.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

MATTHEWS

YES T

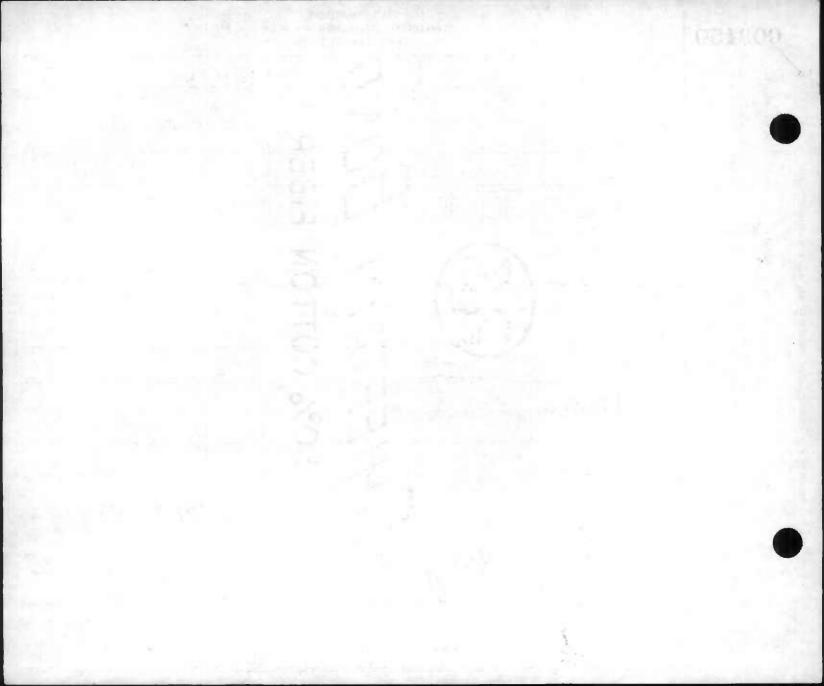
and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

COUNTY

THE DATE SIGNED

MEDICAL STAFF ATTENDING hauld be deta PHYSICIAN DIRECTOR **PHYSICIAN** MPORTANT 22e ADDRESS TIMOTHY MURRAY UNION MEMORIAL HOSPITAL 230 SURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE BURIAL MARYLAND ARBUTUS 1-3-86 ARBUTTIC 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 WM.C.MARCH F/H INC. 1107 E. NORTH AVE (VRA 15, 4)

DEGREE



funeral director, page 3 thin 72 hours after death

attending physicion and can

by the

TO FUNERAL DIRECTOR: After this certificate has been

haspital

BP.

ATTENDING PHYSICIAN: The attending physicion

within 24 hours after

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

| 2 | 0 | 0 | (,,) | 3 |
|--------|---|---|------|---|
| DEC NO | | | | |

| - 1 | | REGISTRAR | | CERTIFICATE OF DEATH | REG. N | O. |
|-----|---------------|---|------------------------------------|------------------------------------|------------------------------|--|
| 1 | | CEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH | MONTH DAY YEAR 26 HOUR |
| 1 | 3971] | ORPRINT) Cathe | ine | Borth | | 12 -22-85 938 |
| Ì | 3. SE | | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BI | |
| ı | F | Temale | (1) FR | MONTH DAY YEAR | - 90 | MONTHS DAYS HOURS MI |
| ŀ | 7a BI | RTHPLACE ISTATE OR FOREIGN | 76 CITIZEN OF WHAT COU | NTRY? 8 | 9 BALTIMORECITY | OR COUNTY OF DEATH |
| | (| OUNTRY) | C . C d | MARRIED LI NEVER MARRIED | 5 | mf : |
| 4 | 10.01 | TY OR TOWN OF DEATH | 11 NAME OF HOSPITAL N | WIDOWED DIVORCED | 12a USUAL OCCUPAT | 10N 126. KIND OF BUSINESS |
| / | 0.0 |) A C | THE NOT IN SUCH FACILITY, GIV | | | OF WORKING LIFE) INDUSTRY |
| 1 | K | Sa Itimone | 1 Bon S | acours Howital | Nouse | u.Se |
| 1 | 13a. S | AL RESIDENCE (IF NURSING HOME OF TATE | NIA MICHTA | | S? 130 STREET ADDRESS | Tagen |
| + | 14 FA | Manyland 5 | allo I De | 15 MOTHER'S MAIDE | NAME | V |
| ~ | | FIRST | MIDDLE LA | | WIDDLE | LAST |
| 4 | 14 1 | Michael | Mac Was | Klin Ma | ADDR | Blum |
| 1 | | VAS DECEASED EVER IN U.S. AI | IVE WAR OR DATES) | L SECURITY NO. 17 INFORMANT | 19 | 25 5, Pallon 58 |
| Į, | | Na | 217- | -24-9191 Linda le | anava | - 1 2 DON 30 |
| | | 18 CAUSE OF DEATH (Enter o | | (b), and (c) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
| 1 | | PART I. DEATH WAS CAUS | TE CAUSE (a) | Tie School | 170 | |
| 1 | | II VIVILED IX | | ICE OF THE PICE OF | | |
| ١ | | Conditions, if ony, which | DUE TO, OR AS A CON | Mu Locylopen is | | |
| 1 | | gove rise to immediate | (6) | CALL FOR THE STATE OF THE | | |
| 1 | | couse tot, stating the underlying cause last. | DUE TO, OR AS A CON | SEOUENCE OF | | |
| 1 | | | (c) | | | 1 |
| 1 | z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTION | IG TO DEATH BUT NOT RELATED TO THE | 4 | IDITION GIVEN IN PART 116 |
| 4 | 10 | XICUTE | 9 Chroni | | u land | TOOL IF YES WEDE FINDINGS USES |
| 21 | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR | WHICH OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| | TIF | | | | YES NO | YES NO |
| ٦ | CE | 21a ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONT | 21¢ HOW INJURY OC | CURRED (ENTER NATURE OF INJU | JRY IN ITEM 18 PART OR PART 2) |
| | AL | OR CONTRIBUTING CAUSE OF DE | LAIII | 19 | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCATION | | DWN COUNTY STATE |
| 4 | M | WHILE NOT WHILE | (AT HOME, STREET FACTORY, | OFFICE FARM ETC) STREET | CITY OR TO | JWN COUNTY STATE |
| | | AT WORK AT WORK | | trom 12/14/ 10 | 42 / | 23 10 65 |
| | | 22a I certify that (I) (this hasp sow the deceased alive a | - / | 110111 | 03, 10 | late and hour and from the causes stated |
| | | obove (1) (we) (did) (did n | ot) view the body ofter death. | | mon death accurred on the d | |
| | | 22b. SIGNATORE | | DEGREE | | 22c. DATE SIGNED |
| - | | Delian | 4 | ME ATTENDIN | MEDICAL STA | CIAN 2 12-22-8 |
| | | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e. ADDRESS | | |
| | | G. Hes | and | Bon Se | ecaurs No | . Pol |
| 4 | | 9, , , , | 100 000 | | | 7.00 |
| | | BURIAL, CREMATION, REMOVA | 12/28/85 | 23t. NAME OF CEMETERY OR CREMATO | CITY OF TOWN | re county Maryl |
| | | Burial | 12/20/03 | Loudon Park Cemet | - | |
| | | UNERAL DIRECTOR | 4.5 | | | RISH REGISTRAR'S SIGNATURE |
| | Hu | bbard Funeral | Home, Inc. 419 | 97° Wilkens Avenue | DEC 27 1985 | / |
| - 1 | | | | | | 14 |

DHMH - 16 60M 7/84

(VRA 15, 4)

1 - STATE

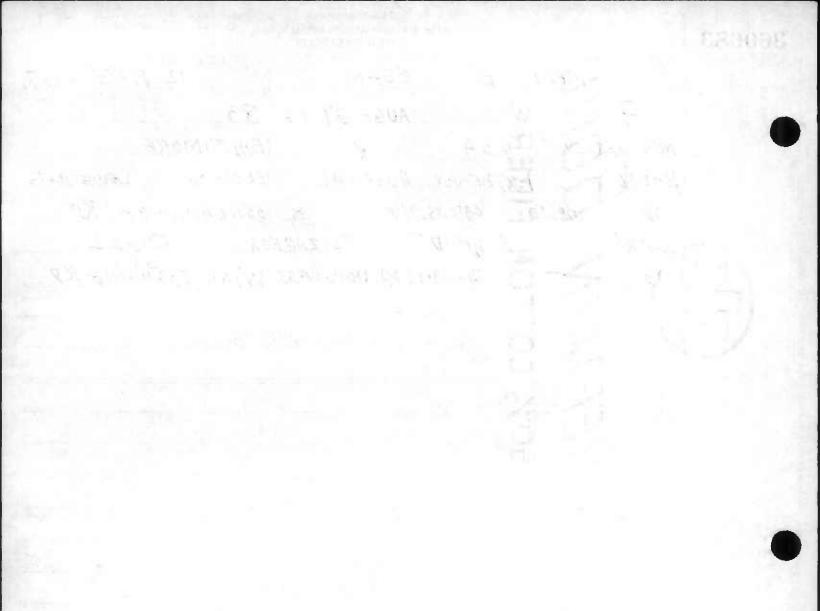
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | REGISTRAR | | CERTIFIC | AIL OI DEAI | | REG. NO |). | | |
|------------|--|---|---------------------------------|-----------------------|--------------|---------------------------|---|-----------------------|------------------------------------|
| | CEASED NAME FIRST MARY | MIDDLE E | BEA | N | 24 | DATE OF DEATH | 12-17 | -85 | 26 HOUR |
| 1, 58 | 7 | RACE V | S. DATE OF | 00 | 6. | AGE (IN YEARS LAST BIR | | INDER I YEAR | IF UNDER 24 HRS |
| | EW JERSEY | CITIZEN OF WHAT COUNTRY | MARRIED WIDOWED | NEVER MARR | ED | BALTIMORE CITY O | ORE | City | MD. |
| B | AL TO AL RESIDENCE (IF NURSING HOME OR OT | NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREIN -UTHERAN | | OTHER INSTITUTION | | LOTHING | | INDUSTRY | F HATS |
| 1 | TATE 13b COUNTY | | WN // 11: | YES NOTHER'S MAI | 8 | STREET ADDRESS | ZIP CODE | FIR | 59 |
| 20 | CARI | SCHMID! DEFORCES? (The SOCIAL SEC | URITYNO | ELIZ | BET | h ADDRE | ENG | EL | |
| 1 | ES NO OR UNKNOWN) (IF YES, GIVE W | | 0922 | DOUGLA | 135 | NINK C | KA NY | ING | RP. |
| | 18 CAUSE OF DEATH lEnter only of PART I. DEATH WAS CAUSED E IMMEDIATE O | Chr | ck | | | | | APPROXIA BETWEEN O | NATE INTERVAL INSET AND DEATH |
| 1 | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. | b) RONSEON TO OR AS A CONSEON DUE TO, OR AS A CONSEON (c) TO | , Neg | ative | Sep. | si . | | | |
| NOL | PART 2 OTHER SIGNIFICANT CO | nditions contributing to | DEATH BUT NO | OT RELATED TO T | HE TERMINA | al disease or cont | DITION GIVEN | IN PART 1:0 | |
| CERTIFICAT | 19a DATE OF OPERATION | 196 CONDITION FOR WHIC | R WHICH OPERATION WAS PERFORMED | | | 200 AUTOPSY? YES NO | 20b. IF YES, W IN CERTIFYIN YES [| G CAUSES | IGS USED OF DEATH? NO |
| AL | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH (P.M. | DAY YEAR | 16. HOW INJURY | OCCURRED | (ENTER MATURE OF INJUR | Y IN ITEM 18 PART | OR PART 2) | |
| MEDIC | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE | | If LOCATION STREET | 00 | CITY OR TO | VN | COUNTY | STATE |
| | 220.1 certify that (1) (this hospital) saw the deceased alive on above, (1) (we) (did) (did not) v | 12/17 19 | 7: | that in (my) (our) | opinian deo | , toth accurred an the do | te and hour ar | | hot (1) (we) lost causes stated |
| | 228. SIGNATURE | mong | M. | PHYSI | IDING / | MEDICAL STAF | FIAND | 12- 12- | 17-85 |
| | BICH T D | YONG | | LU TH | ERA | N HOSE | PITAL | | |
| 23a. 8 | BURIAL CREMATION, REMOVAL | 12.30. DATE 12.30. 85 B | ALTO N | ATIONAL | | BALTO | | OUNTY | MD |
| WE | INERAL DIRECTOR ERER FUNERAL | HOME EDM | 5311 | N AVE | 250. DATE RI | C 23 1985 | 75b. REGISTRAI | R'S SIGNATU | IRE |
| | | | | | | | - | | |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

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| 1 | - | STATE |
| | | DECICTOAD |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REGISTRAR | | | | CERTII | ICATE OF D | EAIN | RI | G. NO. | | | | |
|---|---------------|--|-------------------------|--------------------------------|--|----------------|------------------------|-----------------------------|--|------------------|------------------------------------|----------------------|---------------------------------|-----------|
| | I. DEC | CEASED NAME | FIRST | | MIDDL€ | | LAST | | 20. DATE OF DEA | | H OAY | YEAR | 2h HOUR | |
| | TYPE | ORPRINT) R | ICHI | tr.d | В. | 6 | BECK | | | 12 | 20 | 85 | r) | M |
| | 3. SEX | | - 4 | 4. RACE | | 5. DATE | | | 6. AGE (IN YEARS L | AST BIRTHDAY) | | DER TYEAR | IF UNOER 241 | |
| | | MALE | | u | HITE | MONT | | 49 | 36 | | YRS. | S DAYS | HOURS | MIN. |
| 1 | | RTHPLACE (STATE OR FO | DREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 MAPPIE | D NEVERA | APRIED T | 9. BALTIMORE C | ITY OR CO | UNTY OF D | EATH | 1000 | |
| 1 | | Maryland | | U.S | | WIDOW | D DN | ORCED | | | timore | e Cit | У | MD. |
| 2 | | BALTIMOR | | | HOSPITAL, NURSIN HFACILITY, GIVE STREET BAMPA | ADDRESS) | NO HOS | RP MAL | 120 USUAL OCC (TYPE OF WORK FOR Machin | MOST OF WORK | | b. KIND O IDUSTRY | OF BUSINESS | OR |
| - | 13o. S | Md. | NG HOME OR 13b. COUN | OTHER INSTITUTION ETY | GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo | N | 13d INSIDE C | NO 🗌 | 13e STREET ADDR 3320 Ch | | | 21 | .211 | |
| 2 | 14. FA | Richard | | J. | Beck | | | MAIDEN NAI PIRST Pene | MID | O. | | homp | son | |
| | | VAS DECEASED EVER II (ES, NO OR UNKNOWN) NO | | MED FORCES? E WAR OR DATES) | 212502 | | 17 INFORMA | | 3320 Balt. | Chestr , Md. | nut Av 2121 | | | |
| 1 | | 18 CAUSE OF DEATH PART I, DEATH WA | AS CAUSE | D BY: E CAUSE (0) | line for Ial, (b), and | pul | mon | KAR | ARRE | 87 | | | IMATE INTERVAL ONSET AND DEA | ATH_ |
| | | Conditions, if any, gove rise to immerouse to stating underlying cause | ediote the lost. | (b) DUE TO, OI (c) | EMID R AS A CONSEQUE | STAG NCE OF | E RI | | FAIL | LRE | | | | |
| | NO | PART 2 OTHER SIGN | | | DE 8E | | | DIAB | | CONDITION | 4 GIVEN IN | PART 10 | 5 | |
| 7 | CERTIFICATION | 190 DATE OF OPERATI | 100 | | TION FOR WHICH | | | | 200 AUTOPSY | INC | IF YES, WER CERTIFYING YES [| | NGS USED OF DEATH? | |
| 7 | MEDICAL CER | 2) a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA | AUSE OF DEA | P./ | m. month da m. | Y YEAR | - | | RED (ENTER NATURE C |)F INJURY IN ITE | M 18 PART I O | R PART 2) | | |
| | MED | 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK | E 🗀 | 21e PLACE ((AT HOME, STR | OF INJURY EET, FACTORY, OFFICE, FA | ARM ETC) | 21f. LOCATIO STREET | N | CITY | ORTOWN | C | OUNIY | 51 A11 | E |
| | | 22a. I certify that HT (saw the deceased above. H) (we) (di | , | | | | | our) opinion o | death accurred on | the date on | d hour and | from the | that (we) couses states | lost d |
| | | 22b. SIGNATURE | Sel | i U | Co- | | F | TTENDING HYSICIAN [| MEDICAL DIRECTOR P | STAFF | | 121 DATE | SIGNED 20/85 | |
| | | 22d. PHYSICIAN'S NA/ | | YEO YEO | | | GOC | | AMA RI | TAN | Ho | SPIT | TAL | |
| | 23a B | URIAL, CREMATION, R SPECIFY) Burial | | 23b. DATE 12/23/ | 1000 | | EMETERY OR C | | 23d LOCATION CITY OR TO Balt | | . Mary | zlanc | STATE | E |
| | 24 FU | INERAL DIRECTOR | | | | Rola | nd Ave. | 25a DAT | E REC'D. BY REGIS | | | | | 1 |
| | A. | Alan Seit | z_Fun | eral Ho | me Balt | ., Mđ | . 2121 | 1 NFC | 23 1985 | | | | | ån. |

DHMH - 16 60M 7/84 (VRA 15, 4)

morked or Hem 18 shows any injury, or other traumatic ev

IMPORTANT: If Item 21 is

A. Alan Seitz Funeral Home

TO FUNERAL DIRECTOR: After this certificate has been signed by the atten should be detached for use as the burial-transit permit. Then please remove count the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

etained by the haspital or

BP.

STATE OF MARYLAND FOR
- STATE
REGISTRAR

| PEPARTMENT OF HEALTH AND MENTAL HY | GIENE O | 2 | | | | | |
|------------------------------------|------------|-------|-------------|-----|----|------|--|
| CERTIFICATE OF DEATH | | REG. | NO. | | | | |
| Beckman | 2a. DATE O | DEATH | MONTH 12 | DAY | 85 | 7:30 | |

| | | | | | | | KEG. IN | O. | | |
|------------------|---|--|---------------------------------------|-------------|------------------------|-----------|--------------------------|-------------------|------------------|------------------------------------|
| | CEASED NAME EVELYA | / | MIDDLE | Beck | Kman | | 20. DATE OF DEATH | MONTH 12 | DAY YEAR | 713/ |
| 0.55 | | | | 5 DATE C | | | 6. AGE (IN YEARS LAST BE | | IF UNDER 1 YEAR | # UNDER 24 HPS |
| 3. SE | FEMALE | 4. RACE 2 | CHITE | MONTH OG | | YEAR 17 | 58 | YRS. | MONTHS DAYS | |
| ₽ _n R | RTHPLACE (STATE OR FOREIGN | 75 CITIZEN OF | WHAT COUNTRY? | 1 | 20 | 0\1 | 9 BALTIMORE CITY | | Y OF DEATH | |
| | MARY LAND | U. | SA | MARRIE | D NEVER MA | RRIED X | Baltin | word | City | MD |
| 10. C | ITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | | | UTION | 12a USUAL OCCUPAT | ЮN | 12b. KIND | OF BUSINESS OR |
| | Baltimore | (IF NOT IN SU | SING! | HOSP, | ital | | CLERK | DF WORKING (| SALES | |
| | AL RESIDENCE IN NURSING HOME OR STATE | | 130 CITY OR TOW | | 13d. INSIDE CITY | LIMITS? | 3800 GIG | ZIP COD | × 2 | 1215 |
| 14. F | THER'S NAME | | | | 15. MOTHER'S A | AAIDEN NA | | | | |
| | | H. | BECKMAN | | KATI | E | WIDDLE | ST | EIN 'A | AST |
| | WAS DECEASED EVER IN U.S. AR | | 166 SOCIAL SECU | IRITY NO | 17_INFORMAN | T | ADDR | ESS | 416 | |
| | YES, NO OR UNKNOWN) NO | E WAR OR DATES) | 216-03-4 | 410 | MRS. D | ORIS 1 | NEY 3800 GL | EN AV | | |
| NO | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (| D BY: E CAUSE (a) DUE TO, (b) DUE TO, (c) Ic) | Card DR AS A CONSEQUI | ENCE OF | Arrest cephali | | INAL DISEASE OR CON | NDITION GI | | XWATE INTERVAL NONSET AND DEATH |
| CERTIFICATION | 198. DATE OF OPERATION | 196 CONE | DITION FOR WHICH | OPERATIO | N WAS PERFORM | MED | 20a AUTOPSY? | - IN CERT | ES, WERE FINDS | |
| EDICAL CERT | 718, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | TH HOUR A | OF INJURY A.M. MONTH DA | AY YEAR | | | RED (ENTER NATURE OF INJ | | | |
| MEDI | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY TREET, FACTORY OFFICE, F | ARM ETC) | 211 LOCATION STREET | | CITY OR TO | NWC | COUNTY | STATE |
| | 22a. I certify that (I) (this haspi saw the decrased olive an above, (I) (we) (did) (did no 22b. SIGNATUR | 12 | -///19 | | nd that in (my) (a | | death occurred an the c | // late and ha | our and Iram the | ERICNED - |
| | 22d PHYSICIAN SNAME ITYPE C | R PRINTED ON | raler | N | | Sina | MEDICAL STA | | 18, | 11/85 |

23c. NAME OF CEMETERY OR CREMATORY

BALTIMORE HEBREW CEM

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: H

23a. BURIAL, CREMATION, REMOVAL

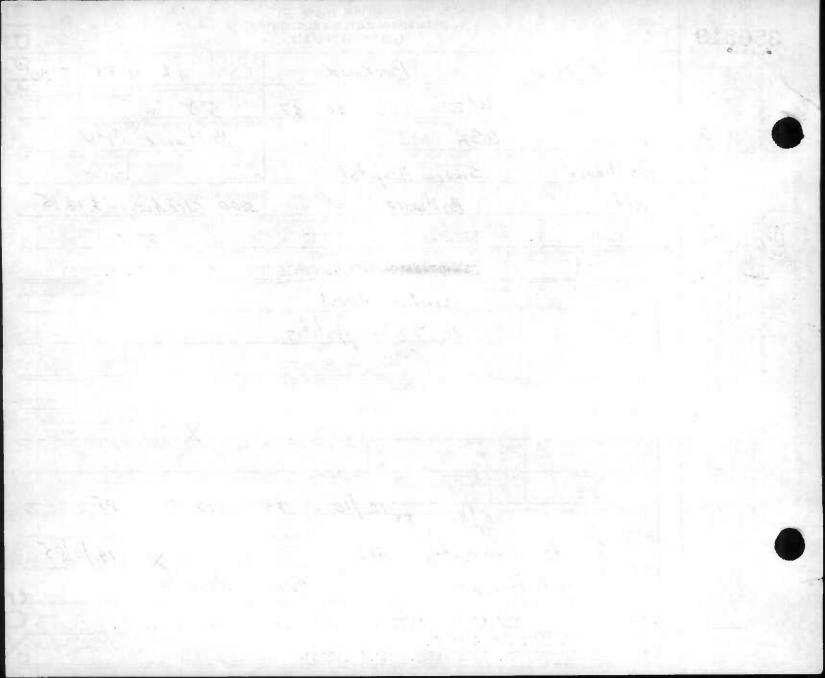
BURIAL

12/11/85 74 FUNERAL DIRECTOR SOL LEVINSON & BROS.
6010 REISTERSTOWN RD. BALTIMORE., MD.(21215)

236. DATE

23d LOCATION
CITY OF TOWN
BALTIMORE., MD. BY REGISTRAR 256. REGISTRAP'S SIGNATURE 25s. DATE REC'D.

STATE



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| CERTIFICATE OF DEATH | REG. NO. | | | | 1 |
|----------------------|--------------------------------|----------|-------|----------|--------|
| ckom | 20 DATE OF DEATH MONTH | 18-8 | S S | 26 HOL | 90 |
| 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER | LYEAR | IF UNDER | 24 HRS |
| 12-25-1902 | 82 YRS | MONTHS | DAYS | HOURS ' | MIN. |

| | | CEASED NAME FIRST | MIDDLE | Ront | AST | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOL | 0 |
|---|---------------|--|-----------------------|---------------------------------|-------------------------------|----------------------------------|----------------------|------------|--------------------------------|-----------|
| 1 | 3. SE2 | MEXAMO | PACE (| 5. DATE O | OF BIRTH | 6 AGE (IN YEARS LAST BIR | THDAY) IF U | O D | J H. | M IRS. |
| 2 | 0 | male | Col | 7 MONTH | -25-1902 | 82 | YRS | | HOURS M | IN. |
| 1 | 70 BII | RTHPLACE (STATE OR FOREIGN 76 | CITIZEN OF WHAT | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY O | 40 | DEATH | -1/ | |
| 1 | IL CI | OWN OF DEATH | NAME OF HOSPIT | WIDOWE | DIVORCED DIVORCED | 120 USUAL OCCUPATI | ON | 12h KIND O | F BUSINESS | MD. |
| | 1 | sallinore | 262 | C-RAN | Mey ST | (TYPE OF WORK FOR MOST O | | INDUSTRY | F BUSINESS | OK |
| 1 | | AL RESIDENCE 18 NURSING HOLL COUNTY | ISL B | ATTO, | YES NO | 130.STREET ADDRESS | MP GODE | the | 951 | 7 |
| 1 | 14 FA | THER'S NAME FIRST / M BID | ECKO M | LAST | 15 MOTHER'S MAIDEN NA | BEOKOI | d | 6 | | |
| | | VAS DECEASED EVER IN U.S. ARMEI (IF YES GIVE WA | | 3-63-3758 | MrsE vere | Tine Ken | redy 7 | 626 | 2122 RANT | 19 |
| | | 18 CAUSE OF DEATH (Enter only o PART I, DEATH WAS CAUSED B IMMEDIATE C | Υ. | MOrasalal | Infection | | | BET WEEN | MATE INTERVAL ONSET AND DEA | 1// |
| 1 | | | | ONSEQUENCE OF | Cardiovascular | Oberes | | | | |
| | | Conditions, if any, which gave rise to immediate couse (a), stating the | DUE TO, OR AS A | CONSEQUENCE OF | Col diova-se var | Distrock | | | | |
| 1 | | underlying cause last | (c) | | | | | | Jan 14 | |
| ١ | NO | PART 2 OTHER SIGNIFICANT CON | NDITIONS CONTRIB | UTING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN I | N PART 110 | 1 | |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDITION F | OR WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WI | G CAUSES | OF DEATH? | |
| Н | E I | | A11 Y 111 F OF 11 111 | OV. | To tious business as a second | YES NO | YES | 3 | ио 🗌 | |
| 1 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOUR A.M. M | ONTH DAY YEAR | 21c. HOW INJURY OCCURI | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 PART 1 | OR PART 2) | | |
| | MEDICAL | 21d INJURY OCCURRED NOT WHILE AT WORK | 21e. PLACE OF INJ | URY TORY OFFICE, FARM, ETC) | 211. LOCATION STREET | CITY OR TO | wn | COUNTY | STATE | |
| | | 220.1 certify that (1) (this hospital) saw the deceased above, (1) (we) (0.00) | | 19 or | nd that in (my) (aur) apinion | , to death occurred on the do | | | that (I) (we) causes stated | |
| | | 22b. SIGNATURE | | | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAR | | 22c. DATE | SIGNED 1985 | |
| | | JONATHAN DE TYPE OF PRI | shoe | | 22e ADDRESS | in Ave. B | Itimo | 212 | 04 | |

DHMH - 16 60M 7/B4

O FUNERAL DIRECTOR hould be detach off the State De APOSTANT: II II

(VRA 15, 4)

230 BURJAL, CREMATION, REMOVAL

I. DECEASED NAME

JEE 25 1136

| 52065 | FOR STATE REGISTRAR | DEPAR | TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | REG. NO. | |
|--|---|---|--|--|--|
| 1 | TWO CO CO CO | mst Middle | Bell | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| | SEX | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR 6 27 1920 | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS A |
| of America | BIRTHPLACE (STATE OR FORE | 76. CITIZEN OF WHAT COUNTRY | * MARRIED NEVER MARRIED WIDOWED DIVORCED | 9. BALTIMORE CITY OR COU | C . 1 . |
| of the state of | Bultimore | 11. NAME OF HOSPITAL, NURS | ING HOME OR OTHER INSTITUTION | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN | |
| | SUAL RESIDENCE (IF NURSING IS STATE | HOME OR OTHER INSHITUTION, GIVE RESIDENCE BEFORE COUNTY 130, CITY OR TO R75/WC | | 130 STREET ADDRESS | RISE DR! |
| ed within | FATHER'S NAME FIRST | DACON BELL | 15. MOTHER'S MAIDEN NA FIRST SUSAN | ME | PEAREE (SAME AS 13 |
| Poper C | WAS DECEASED EVER IN (YES, NO OR UNKNOWN) | E VES CINE WAR OR DATES | CURITY NO. 17. INFORMANT 2-3811 MARGARE | ADDRESS | CSAME AS 13 |
| physics emoral event, th | PART I. DEATH WAS | nter only one cause per line for (0), (b), c CAUSED BY: MEDIATE CAUSE (a) | A | | APPROXIMATE INTERVAL BETWEEN ONSET AND DE |
| that the death as by the attending tore remore carb of, cremation, or a cother traumotic. | Canditions, if ony, will gove rise to immed couse (a), stating underlying couse | the DUE TO, OR AS A CONSEO | emia, CLL | | |
| equires in signed Then ph r to Surri injury, o | PART 2 OTHER SIGNIFI | CANT CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION | GIVEN IN PART 1(0) |
| he low he low the man of the low the l | 190. DATE OF OPERATION | N 196. CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO |
| Scian particular control by a mind b | 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS | SE OF DEATH HOUR A.M. MONTH | DAY YEAR | RED (ENTER NATURE OF INJURY IN ITEM | 18 PART OR PART 2} |
| offending fer filts of the burn and Me | 21d. INJURY OCCURRED | 216 PLACE OF INJURY | 211 LOCATION | CITY OR TOWN | COUNTY STAT |

2/11

220.1 certify that (1) (this hospital) attended the deceased from

saw the deceased alive on,

obove, (1) (wested (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME ITHE OF PRIS 22e. ADDRESS 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL EREMATION, REMOVAL 1236. DATE CTY OR TOWN WEST CHESTER CHESTMAN RAFERRIS & Co PATE PATE REGISTRAR SEL REGISTRAR'S SIGNATURE

12/

85

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

STATE OF MARYLAND

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

that (I) (we) lost

IF UNDER 24 HRS

DHMH - 16 50M 4/82 (VRA 15, 4)

FUNERAL DIRECTOR.

0

ould be detached for ith the State Dept. of 1

m 21 in

=

MPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON'ST. BALTMORE. MARKLAND

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

| UJU | | REGISTRAR | | CENTII | ICAIL OI D | LAIII | REG. N | 0. | | |
|----------------------------|---------------|---|---|------------|-----------------|---------------------|--------------------------------|------------------|------------------|-----------------------|
| 4 | | CEASED NAME FIRST | WIDDLE | | LAST | | 20 DATE OF DEATH | MONTH D | DAY YEAR | 2b. HOUR |
| ordeoth (| {IYP | JULIUS | RICHMOND | В | ELL | | DECEMBER 2 | 7, 198 | 35 | 5:25 AM |
| ofte | 3. SE | x MALE | 4. RACE WHITE | 5 DATE (| H DAY | YEAR | 6. AGE (IN YEARS LAST BIR | | MONTHS DAYS | |
| director. | | | | AUG. | 3, | 1925 | 60 | YRS | | |
| 2 ho d | | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTRY? | MARRIE | XX NEVER M | ARRIED | 9. BALTIMORE CITY C | | OF DEATH | |
| Pin A | | WEST VIRGINIA | USA | WIDOWI | ED DIV | ORCED | BALTIMORE | | | MD. |
| | | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET A | | OR OTHER INSTI | TUTION | 126 USUAL OCCUPAT | | OF BUSINESS OR | |
| 0 | | ALTIMORE | JOHNS HOPKINS HO | | AI. | | CREDIT MG | R. | CARPE | ET DISTR. |
| A) | 130. | MARY LAND | OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWI BALTIMOI | N | 13d INSIDECT | TY LIMITS? | 13e STREET ADDRESS . 5528 PLAI | | AVE. | #21206 |
| | 14. F | ATHER'S NAME | MIDDLE LAST | | 15. MOTHER'S | MAIDEN NA | ME | | LA | |
| 1790 | | SAMUEL | BELL | | HIL | | MAE | | | INSON |
| 9 | 16e \ | WAS DECEASED EVER IN U.S. AR | | RITY NO. | 17. INFORMAN | MRS. | SHIRLEY BELL | SS. | | |
| 906 | | YES NO OR UNKNOWN) (IF YES GIV | - ARM 2 220-14-7 | 724 | | | IELD AVE. | | 5 | |
| | | | ly one couse per line lor in the one | Sien. | | | | | | XIMATE INTERVAL |
| 1000 | 14. | PART 1. DEATH WAS CAUSE | D BY. TE CAUSE (0) COT (COLUMN) | ana Au | arrest | | | | imm | edate. |
| 4 6 6 | | | DUE TO, OR AS A CONSEQUE | - | | | | | | |
| 255 | 1 | Conditions, if ony, which | (b) hypoxia | - | | | | | Nun | intos |
| 111 | 1 | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQUE | NCE OF | | | | | | |
| 語うも | 1 | underlying couse lost. | (a) Maxie enc | 1 1 1 | monthly | and o | 0100.4 | | mour | ths |
| y of | M | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO D | 7 | | TO THE TERM | INAL DISEASE OR CON | DITION GIVE | EN IN PART 1 | 101 |
| 100 | ON N | | | | | | | | | |
| 1 6 | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATIO | N WAS PERFOR | RMED | 200 AUTOPSY? | | , WERE FINDS | |
| 3116 | Ē | | | | | | YES NO NO | | S CAUSES | NO [|
| 1000 | S. S. | 210. ACCIDENT WAS UNDERLYING | | V VEAD | 21¢ HOW INJ | URY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PA | ART 1 OR PART 2) | |
| em dolum | N N | OR CONTRIBUTING CAUSE OF DEA | 1111 | 19 | | | | | | |
| A We | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | | 211 LOCATIO | N | CITY OF TO | NWN . | COUNTY | STATE |
| s the onc | Z | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, FA | ARM, ETC) | SINCE | | (11) 011 10 | | | 3.612 |
| se o se olth | 1 | 220 1 certify that (1) (this hospi | pl) ottended the deceased from_ | Sunte | mber ? | 19.55 | _ to Ocens | xs 27,1 | 1955 | , that (I) ((we) lost |
| of H _i | | sow the deceased alive on | DLUMBER 27 19 8 | 5 1.0 | nd that in (my) | our opinion | death occurred on the d | ote and hour | and from the | |
| Red ppt. | | 226. SIGNATURE | New the body offer deoth. | | DEGREE | | | | 22c. DATE | SIGNED |
| e poel | 75 | Lun R | & italy 1100 | r | | TENDING HYSICIAN | MEDICAL STA | | 12/ | 27/85 |
| Stol | | 22d. PHYSICIAN'S NAME (TYPE O | OR PRINT) | - | 22e ADDRESS | | J DIRECTOR PHISIC | TAIN (C) | 1101 | 2 01 |
| should be de with the Stot | | Lucy R SI | utphen mo | | Jo | shas | Hopkins | 1050 | tal | Balto, M |
| 3 | | BURIAL, CREMATION, REMOVAL | 23th DATE 23c. N | IAME OF | EMETERY OR C | REMATORY | 23 LOCATION CITY OF TOWN | 1 | COUNTY | STATE 0 |
| - | | RIIRTAI | 12-29-85 HAF | 2 710 | N-TIFERI | TH ISI | RAEL BALT | | | MD |
| 16 60M 7/84 | 24 F | UNERAL DIRECTOR SOL LI | EVINSON & BROS. | TNC | | 250. DAT | E REC'D. BY REGISTRAR | 17 . | | |
| RA 15, 4) | | 6010 REISTERSTO | OWN RD., BALTO., | MD | 21215 | 1.1 | N 2 1986 | de line 1 | Deridana - | Then I also |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

after death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | | C | RTIFICATE OF D | EAIR | REG. | NO. | | |
|---|--|--|---|------------------------------|--|----------------------|---------------------|----------------------|----------------------------------|
| 1. DECEASED NAME | FIRST | - | MIDDLE | LAST | 20 | DATE OF DEATH | MONTH DA | | 26 HOUR |
| (TYPE OR PRINT) | MARY | E | STHER | BELL | - 1- | | 12/01/ | /85 | 5:11a _m |
| 3. SEX | | 4 RACE | 5. 0 | ATE OF BIRTH | | GE (IN YEARS LAST | BIRTHDAY) IF | UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| FEMA | LE | W. | HITE | 9 12 | 17 | 68 | YRS. | JAINS DATS | HOURS MIN. |
| Jo. BIRTHPLACE (SI | ATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | ARRIED NEVER M | ARRIED 9 B | SALTIMORE CITY | OR COUNTY C | OF DEATH | |
| | TIMORE | U.S.A. | | | ORCED 🗌 | BAL | TIMORE (| | MD. |
| 10 CITY OR TOWN | OF DE ATH | | HOSPITAL, NURSING H | | | USUAL OCCUPA | | | F BUSINESS OR |
| BALTIM | ORE | | GNES HOSPI | | | lerk | | | ns Baker |
| USUAL RESIDENCE 13a. STATE | IF NURSING HOME O | ROTHER INSTITUTION | GIVE RESIDENCE BEFORE ADM | 13d INSIDE CI | TY LIMITS? 13e | STREET ADDRESS | S / ZIP CODE | | |
| Maryland | | | Baltimore | YES 🛣 | | 22 Stamf | ord Roa | d 212 | 29 |
| 14 FATHER'S NAME | | WIDDIE | LAST | | MAIDEN NAME | MIDDLE | | LAS | ī |
| Howa | rd | J. | Shelley | | na | S. | | Sp | onsler |
| 160 WAS DECEASED | | RMED FORCES? | 166 SOCIAL SECURITY | NO. 17 INFORMA | NI. | ADD | RESS | | |
| NO | (4 125.5 | | 220-22-62 | 13 Robert | S. Bell | 722 Sta | mford R | | 229 |
| 18 CAUSE OF | DEATH (Enter o | nly one couse per | line for (a), (b), and (c) | 0 1 | - | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| PART I. DE | ATH WAS CAUS | TE CAUSE (a) | (avalac | Hrrest | | | | 50 | 4 |
| | | DUE TO, O | R ASA CONSEQUENCI | OF | | | | 211 | h |
| | f ony, which | ((b) | SODSIS | | | 1 (| | 24 | hours |
| | o immediate stating the | DUE TO, O | R AS A CONSEQUENCE | OF \ | | 1 5 | | 1, | mall |
| underlying | couse lost. | (c) | Interted | Right 180 | Wound | <u>X</u> | | 10 | JEEK |
| | RSIGNIFICANT | CONDITIONS C | ONTRIBUTING TO DEA | H BUT NOT RELATED | TO THE TERMINA | L DISEASE OR CO | NDITION GIVE | N IN PART 1 | 0 |
| 5 Drabe | tes Mel | litus, | longestive | , Heart | railure | | - | | |
| Drabe | PERATION | 196 COND | ITION FOR WHICH OPE | RATION WAS PERFO | RMED | 200 AUTOPSY? | | WERE FINDI | |
| # 1 | | | | | | YES NO | YES | - | NO 🗌 |
| | WAS UNDERLYING | 216. TIME C | OF INJURY .M. MONTH DAY | | IURY OCCURRED | (ENTER NATURE OF IN | HURY IN ITEM 18 PAR | RT 1 OR PART 2) | |
| 1 23 | IFY MEDICAL EXAMIN | | M | 19 | | | | | |
| 21d INJURY C | CCURRED | | OF INJURY REET, FACTORY, OFFICE, FARM, | 211 LOCATIC STREET | Ν | CITY OR | TOWN | COUNTY | STATE |
| ~ | | | | | | | | | |
| WHILE AT WORK | NOT WHILE AT WORK | | | | 01 | -/2 | 1, | 65 | |
| 22a.1 certify | hot (1) (this hosp | 10 | pe deceosed from | 11/14 | . 19 85 | , to 12 | 1 | 9.85 | that (I) we lost |
| 22a.1 certify | that (1) this has | 10 | 19 85 | | . 19 <u>85</u> Our opinion deat | th occurred on the | dote and hour | | couses stated |
| 22a.1 certify | hot (1) (this hosp deceased alive a (we) (did) (did n | 12 | 19 85 | DEGREE | 0 | | / | 9 85 ond from the | couses stated |
| 22a. I certify sow the obove, (I | that (I) (his hospideceased alive of (We) (did) (did not be the control of the co | ot view the bods | 19 85 | DEGREE A | TTENDING A | | TAFF _ | | couses stated |
| 22a. I certify sow the obove, (I | that (I) (his hospideceased alive of (We) (did) (did not be the control of the co | 12 | 19 85 | DEGREE | TTENDING A | MEDICAL S | TAFF _ | 22c. DATE | couses stated |
| 22a. I certify sow the obove, (I | that (I) (his hospideceased alive of (We) (did) (did not be the control of the co | ot view the bods | 19 85 | DEGREE A | TTENDING A | MEDICAL S | TAFF _ | 22c. DATE | couses stated |
| 22a. I certify sow the obove, (I 22b. SIGNATU 22d. PHYSICIA 230. BURIAL, CREMA | AT WORK that (1) (this has a deceased alive of the property o | ot view the bods OR PRINT) OR PRINT) | ofter death. 19 85 | DEGREE A | TTENDING DAY | MEDICAL S | Balta | 22c. DATE | couses stated |
| 22a. I certify sow the obove, (I 22b. SIGNATL 22d. PHYSICIA 23a. BURIAL, CREMA (SPECIFY) | AT WORK that (1) (this has a deceased alive of the property o | ot view the bods OR PRINT) OR PRINT) | ofter death. 19 85 | DEGREE MD A 220 ADDRES | TIENDING DE PHYSICIAN DE PHYSIC | AEDICAL SIRECTOR PHY | Baltm Sville B | 220. DATE 12 40re | signed 1/85 Md. |

DHMH - 16 60M 7/8

TO FUNERAL DIRECTOR should be detached for with the State Dept. or Hear IMPORTANT: If them 21

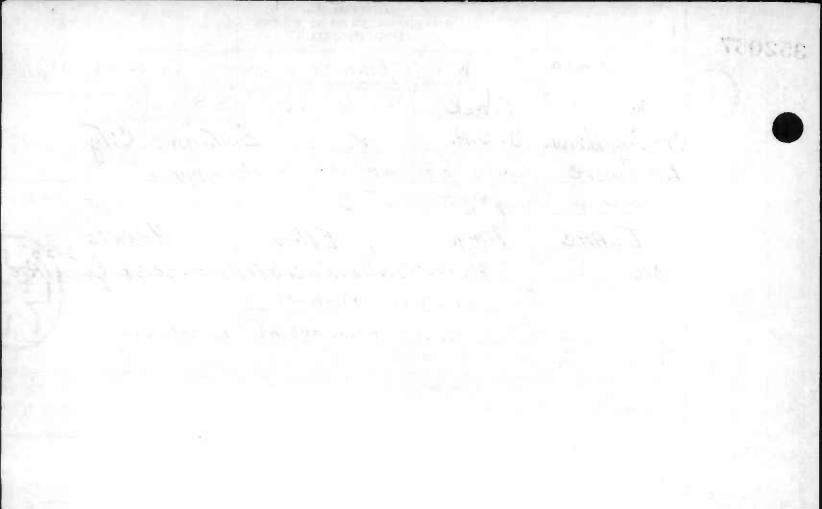
(VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

atra " to Net

my the same

| 52057 | 1. | FOR STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 8 5 | 3 3 5 6 5 |
|--|---------------|---|---|---|---|---|
| (1 11 | | CEASED NAME FIRST FLORA | MIDDLE | BENNETT | 20 DATE OF DEATH | MONTH DAY YEAR 26 HOUR S |
| 4 1 6 6 | 3. SE | * GeMALE | Black | 5. DATE OF BIRTH MONTH DAY YEAR 07 22 96 | 6 AGE (IN YEARS LAST BIR | THDAY) IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS. |
| Manual der | 7a B | RTHPLACE (STATE OR SOREIGN 7 | CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY O | ore City MD. |
| by the to | E | All more | 1. NAME OF HOSPITAL, NURS | T ADDRESS) | 12a USUAL OCCUPATI (TYPE O WORK FOR MOST O | F WORKING LIFE) INDUSTRY |
| filled in could be | USU 13a. : | AL RESIDENCE (IF NURSING HOME OR C | | VN 13d INSIDECITY LIMITS? | 13e.STREET ADDRESS | |
| ed withir impletely and 2 sh | 14. F/ | LSAAC | mayo | 15 MOTHER'S MAIDEN N | AME | HARRIS |
| n ond co | | VAS DECEASED EVER IN U.S. ARM YES, NO. OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) 216-20 | WITH NO. (17, INFORMANT | bet b Mason | 38/3 Ridreword An |
| physicio npopers imavol. | Г | 18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE | BY. CANT | ndicional Annes | | BET ZEEN ONSET AND DEATH |
| quires that the dea signed by the atte hen please remave ho burial, cremation ijury, or ather troum | NO | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CO | DUE TO, OR AS A CONSEQU | TE MYOCANDI JENCE OF DEATH BUT NOT RELATED TO THE TER | | |
| ne low ree on. hos been permit. T ene prior | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| ICIAN: TI g physicic entricate idi-transit nital Hyginem 18 shginem 18 shginem | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | 21b. TIME OF INJURY HOUR A.M. MONTH [| DAY YEAR | RRED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I OR PART 2) |
| offending offer this of iter this of | MEDICAL | 21d JUNY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY LATHOME STREET, FACTORY OFFICE | FARM_ETC) 211 LOCATION STREET | CITY OR TO | WN COUNTY STATE |
| R ATTENDIN haspital or a RECTOR: Aft ned for use as spt. of Health fem 21 is man | | 22a 1 certify that (1) (this hospito sow the deceosed alive on_ oboye_(1) (we) (did) (did not) | 19_ | ond that in (my) (our) opinion | , to, to | . 19, that (1) (we) last and hour and from the couses stated |
| AL OR the hy al DIRI etoche ote Dep | | Z M | unn | DEGREE ATTENDING PHYSICIAN | MEDICAL STAI | |
| TO HOSPIT, etoined by TO FUNER, should be dwith the Stoling IMPORTAN | | RICHARD | MURRAY | 22e ADDRESS | MARYLA | UD GREEN ST. |
| BP | | SUPIAL CREMATION, REMOVAL | 23b. DATE 23c. | Rbutus Mem. A | 23d. LOCATION PORTOWN / DATE | 5. Co. Mid. |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 F | UNERAL DIRECTOR | ADDRESS ADDRESS | wath Aug DE | C 16 1985 | 25b. REGISTRAR'S SIGNATURE |



Super King 222 kang til the second at the

STATE OF MARYLAND

| 1- | FOR • STATE REGISTRAR | DEPAI | | IEALTH AND MENTAL HYC | | | 0 0 |
|---------------|--|---|--|------------------------------|-------------------------------------|----------------------|-----------------------------------|
| I DE | CEASED NAME FIRST | MIDDLE | | AST | REG. NO. | DAY YEAR | 26 HOUR |
| | MARY | М. | BENNING | GTON | | 1985 | 01:05 a |
| 3. SE | x | 4. RACE | S. DATE C | | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | Female | Caucasian | MONTE | 12 05 | 80 yr: | MONTHS DATS | HOURS MIN |
| | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTR | Y? 8. | D NEVER MARRIED | 9. BALTIMORE CITY OR COUN | | |
| - | Virginia | U.S.A. | WIDOWE | | BALTIMORE CITY | 7 | WE |
| 10 CI | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126. KIND C | OF BUSINESS OR |
| BA | LTIMORE | THE JOHNS HO | A 1125 A 115 A | HOSPTTAT. | Housewife |) (INC) INDOSTRI | |
| WSU/ | | E OR OTHER INSTITUTION GIVE RESIDENCE BEE | FORE ADMISSION) | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CO | DDE . | |
| 150. 5 | Md. | Balti | | YES X NO | 3234 Leverton | | 224 |
| 14. FA | THER'S NAME | MIDDLE LAST | | 15 MOTHER'S MAIDEN NA | ME | | |
| | Unk. | MIDDLE | | Unk. | MIDDLE | LAS |)T |
| | VAS DECEASED EVER IN U.S. | | CURITY NO. | 17. INFORMANT | ADDRESS S | Conklin | a St. |
| (| YES NO OR UNKNOWN) (IF YES | . GIVE WAR OR DATES) 214-14- | 9478D | William Almo | | Md. 21 | 224 |
| | 18 CAUSE OF DEATH (Ente | anly ane cause per line far (a), (b), | | | , | | IMATE INTERVAL ONSET AND DEATH |
| | PART I. DEATH WAS CAL | USED BY: DIATE CAUSE (0) FEDDINA | | rnest | | 50 | MIA |
| - | IMMEL | DUE TO, OR AS A CONSEC | () | | | | |
| 1 | Canditians, if any, which | . 1 | bern A | F . | | 24 | thrs. |
| | gave rise to immediate cause (a), stating the | | | | | | |
| | underlying cause last. | | JOENCE OF | | | | 1.47 |
| | PART 2 OTHER SIGNIFICAN | NT CONDITIONS CONTRIBUTING T | O DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION | GIVEN IN PART 10 | 0 |
| OZ OZ | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHI | CH OPERATIO | N WAS PERFORMED | | YES, WERE FINDIN | |
| E | | | | | YES NO | YES [| NO 🗌 |
| | 210. ACCIDENT WAS UNDERLYING | | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM | 18 PART 1 OR PART 2) | |
| N N | OR CONTRIBUTING CAUSE OF | DEATH | 19 | The state of the | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | CE FARM FIC) | 21f LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| 2 | AT WORK AT WORK | | | | | | |
| | | aspital) attended the deceased from | 6.0 | 27 1985 | | , 19_85, | that (we) last |
| | saw the deceased alive above, (Hr (we) (did) (did | an 12/2 8 19 nat) view the bady after death. | 85,0 | nd that in(m)) (aur) apinian | death accurred an the date and I | navi and fram the | causes stated |
| | 77b. SIGNATURE | D 1 ha | ^ | DEGREE | MEDICAL STAFF | 22c. DATE | SIGNED |
| | K. 11. W | ulsos M | D | ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 12 | 179/89 |
| | 276. PHYSICIAN'S NAME (TY | PE OR PRINT) | 1 | 27e ADDRESS 600 N | WOLFE ST BALTO | MD 2120 | 05/ |
| | K.N.D | u Bois 1 | 1.1). | Johs | Non 19 hs 15 | tospito | el |
| | BURIAL, CREMATION, REMOV | /AL 236 DATE 23 | NAME OF | EMETERY OR CREMATORY | 23d AOCATION | COUNTY | STATE |
| | Burial | 12/31/85 | Crost . | Taun Comotor | | | |

DIVISION OF VITAL RECORDS, 201 W. PRES

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR Alan Seitz Funeral Home

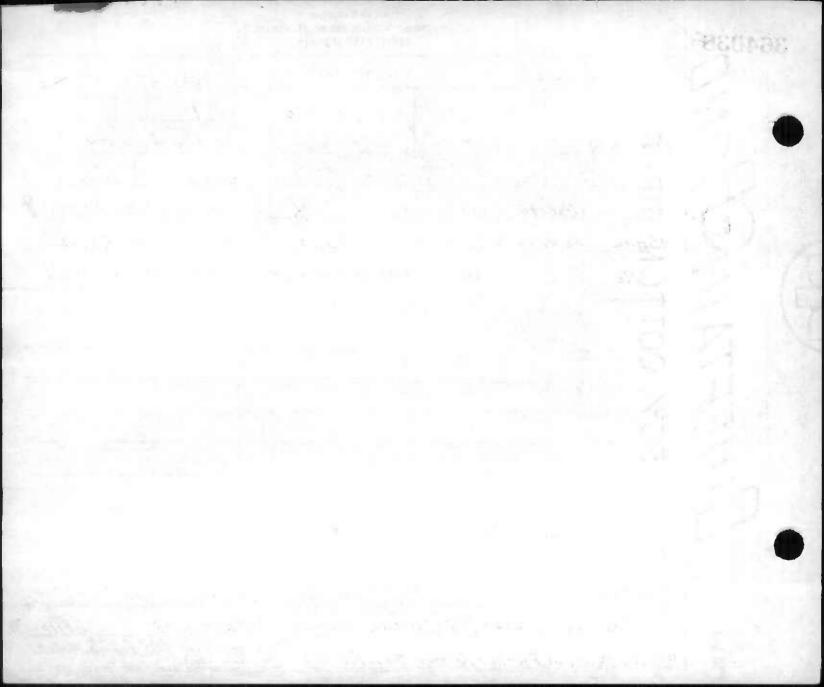
Dland Ave. 750 DATE REC'D BY REGISTRAR 758 REGISTRAR'S SIGNATURE DEC 30 1985 3818 Roland Ave.

STATE OF MARYLAND

| 7 | | REGISTRAR | | CLKIII | ICAIL OI DE | 4111 | REG. NO |). | | |
|----|---------------|--|--|------------|--------------------|---------------|---------------------------|---------------------|-------------------------------|-----------------------|
| d | | CEASED NAME FIRST | WIDDLE | Br | RmAN | | 20 DATE OF DEATH | MONTH DAY | 200 | HOUR |
| 3 | | SUPHI | | - | | | DEC | - 20 | 19857: | * A A M |
| | 3 SEX | FEMINE | (An CASIAN | 5. DATE C | H DAY | YEAR _ | 6 AGE (IN YEARS LAST BIRT | HDAY) IF UP | Den Light | URS MIN. |
| 1 | 70 RIS | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | FER | 5. 4 1 | 908 | 9 BALTIMORE CITY O | YRS COUNTY OF | DEATH | |
| 2 | | JARY LAND | WA | MARRIE | | RRIED ' | BAVTIN | n Ai | CITY | 445 |
| 1 | 10 CI | TY OR TOWN OF PEATH | 11. NAME OF HOSPITAL, NURSI | NG HOME C | OR OTHER INSTITU | TIGN | 120 USUAL OCCUPATION | | 26. KIND OF BU | SINESS OR |
| 4 | B | AVTIMORE | UEVINTAVE HEBREN | ADDRESS) | ATRIC THE | SHITAL | HOUSE IN | WORKING LIFE) I | Dome | stic |
| Ž | ISt.5 | ALSIDEITE IN THORSE OF THE OF | | | 134 INSIDE CITY | LIMITS? | 13e STREET ADDRESS / | ZIP CODE | | .0 |
| 2 | n | nARYLANT Ba | ItOV BAYTIM | oke | YES J N | OX | 4751 BONI | VIE BRI | 4E RY. : | NADA |
| 뒭 | TA | ISAAC MOR | RIS Weinhero | \$ | IS MOTHER'S M | | WIDDIE | H | URWIT | 2 |
| 5 | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | | ADDRE | SS | 1 10/1 | - 1 |
| 5 | (4 | res. NO OR UNKNOWN) (IF YES GI | 216-03 | -8885 | Seymou | ur Be | rman 840. | 5 Stev | enson | Rd |
| | - 77 | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | nly one cause per line for (a), (b), a | nd ic | 00. | - 4 | | | APPROXIMATE BETWEEN ONSET | INTERVAL AND DEATH |
| | | | TE CAUSE (0) | TATIC | DKEAN | TCA | | | | |
| 1 | | | DUE TO, OR AS A CONSEOL | ENCE OF | | | | | | |
| | | Canditions, if ony, which gave rise to immediate | b) | | | | | | | |
| -1 | | couse (0), stating the underlying cause last | DUE TO, OR AS A CONSEOL | ENCE OF | | | | | | |
| | | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO | THE TERMIN | NAL DISEASE OR CONE | ITION GIVEN I | N PART 1/a | |
| | TION | | | | | | Too was about | Table of MEG. Au | EDE CHILDRICA | |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | 1 OPERALIO | IN WAS PERFORM | ÆÐ | 200 AUTOPSY? | | ERE FINDINGS G CAUSES OF I | |
| 5 | | 21a ACCIDENT WAS UNDERLYING CAUSE OF DE | 216. TIME OF INJURY HOUR A.M. MONTH D | AY YEAR | 21c. HOW INJUI | RY OCCURRE | D (ENTER NATURE OF INJUR | T IN ITEM 18 PART I | ORPART 2) | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | P.M. | 19 | I AND A THOM | | | | | |
| | MED | 21d. IN JURY OCCURRED | 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, | FARM ETC) | 21f LOCATION | | CITY OR TOV | /N | COUNTY | STATE |
| d | | AT WORK - AT WORK - | ital) attended the deceased from. | | MI | 10 81 | 10 17/7 | D 19 | R that | 3 (we) last |
| И | | saw the deceased olive on | 12/200 | The same | nd that in 👝) (ou | r) opinian de | eath occurred on the da | te and hour on | | |
| | | 226. SIGNATURE | will view the body offer death. | | DEGREE | | | | 22c. DATE SIGN | VED |
| | | reou | | diam'r. | PHY | SICIAN | MEDICAL STAF | | 12/20 | 1/84 |
| | | 22d. PHYSICIAN'S NAME (TYPE O | OR PRINT) | mar | 22e ADDRESS | - 11-6 | 0-10-0- | 2. 4 - 1 | 0 14 | 10- |
| - | 20 0 | WINEVIA O | · NOO / | 177. | NEVINY | VE HEE | NEW OFFICE | 10 con | 1610 + +50 | MIN |
| 1 | | BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL | 12/22/85 C | hIZU. | EMETERY OR CRE | | 13d LOCATION CITY OR TOWN | ORE | VINU | MAD |
| | 24 FU | JNERAL DIRECTOR | ADDOCCO | M | 73 / | _ | REC'D BY REGISTRAR | Sh. REGISTRAP | SIGNATURE | and on |
| | HE | -BREW Memorial | F.H-1100 Reister | "stow | n Kd | n n | 26 1985 | grana D | W (WOOT - N | - Indian |

DHMH - 16 60M 7/84

(VRA 15, 4)



006020 1 - FOR STATE heral director, page 3 n 72 haurs after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

| | | REGISTRAR | | | | CERTIF | ICATE OF DEAT | H | REG. NO |). | | | |
|---|---------------|--|-------------|--------------------------------|----------------------|----------------|----------------------------------|-----------|------------------------------------|--------------------|--------------------------------------|------------|--------|
| 1 | | CEASED NAME | FIRST | • | MIDDLE | | LAST | 0/1 | 20 DATE OF DEATH | нтиом | DAY YEAR | 26 HOL | JR |
| | | HECTOR | | I | I. E | BERRIOS | 5 | 200 | DEC.29,198 | 35 | | 4: | 50AM |
| | 3 SEX | | | 4. RACE | | 5. DATE C | | | 6. AGE (IN YEARS LAST BIRT | | IF UNDER 1 YEAR | 1F UNDER | 24 HRS |
| | | Male | | White | Э | 10 | | 19 | 66 | YRS | MONTHS DAYS | HOURS | MIN. |
| 2 | | RTHPLACE (STATE OR F | OREIGN | 76. CITIZEN OF | WHAT COUNTRY | ? 8 | D NEVER MARR | IED T | 9 BALTIMORE CITY O | | Y OF DEATH | | |
| | | Puerto Rice | 0 | U.S.A | | WIDOWE | | | BALTIMORE | CITY | | | MD. |
| 7 | 10. CI | TY OR TOWN OF DEA | тн | | HOSPITAL, NURS | | OR OTHER INSTITUT | ION | 12a USUAL OCCUPATION | ON | 12b. KIND O | F BUSINI | ESS OR |
| 2 | | BALTIMORE | | | PKINS HO | | Γ, | | Agricultur | | Gover | nmen | t |
| 5 | 13a S | AL RESIDENCE (IF NURS STATE Maryland | 136 COUN | OTHER INSTITUTION, | | ORE ADMISSION) | 13d. INSIDE CITY LI YES XX NO | | 13. STREET ADDRESS / 627 S. Eat | zip cobi | reet 2 | 1224 | |
| | 14 FA | THER'S NAME | | | | 11111 | 15. MOTHER'S MAI | DEN NAM | ΛE | | | 415 | |
|) | | Hermino | | MIDDLE | Berrios | | Euse | | WIDDLE | | Jimen | ez | |
| | | VAS DECEASED EVER (ES, NO OR UNKNOWN) NO | | MED FORCES? E WAR OR DATES) | 579-36- | | Mrs. Zen | aida | Berrios Baltimo | ž7 S re, M | d. 2122 | Stre | et |
| | | 18 CAUSE OF DEAT | H (Enter on | ly one couse per | line for (a), (b), a | nd (c) | | | | | BETWEEN | MATE INTE | RVAL |
| | | PART I. DEATH W | 'AS CAUSE | Ď BY: TE CAUSE (a) | Card | iovas | culan. | ton | est | | 5 min | | |
| | | Conditions, if any, | | DUE TO, O | RASA CONSEON | - | y Arr | est | | | 25. | ~ | |
| | | gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) Resuscitabled Condensationary agent | | | | | | | Im | والم | | | |
| | NOI | P | WIFICANT O | CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO T | HE TERMI | INAL DISEASE OR CONE | OITION GIV | VEN IN PART 110 | | |
| | CERTIFICATION | 19a. DATE OF OPERAT | ION | 196 COND | TION FOR WHIC | H OPERATIO | N WAS PERFORMED |) | 200 AUTOPSY? | IN CERTIF | S, WERE FINDIN FYING CAUSES ES | OF DEA | TH? |
| 7 | | 210. ACCIDENT WAS UND | AUSE OF DE | | M. MONTH | | 21c HOW INJURY | OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM IS F | PART I OR PART 2) | | |
| | MEDICAL | (IF EITHER NOTIFY MEDIC | | P. 21e, PLACE | | 19 | 21f LOCATION | | | | | | |
| | ME | WHILE NOT WH | ILE 🗍 | (AT HOME STE | EET FACTORY, OFFICE | FARM, ETC } | STREET | | CITY OR TO | WN | COUNTY | | STATE |
| | | 220.1 certify that (1) sow the decease above, (1) (we) (c | ed alive on | 12/29 | 19 | | nd that in (my) (our) | opinion d | death accurred on the do | /≥9 ote and hou | | that (I) { | |
| | | 77% SIGNATURE | 10/(0/0/10 | 2 | Man | | DEGREE ATTEN | | MEDICAL STAF | F | 22c DATE | | , |
| | | 224 PHYSICIAN'S NA | 199 | - | | 0 | 22e ADDRESS | 600 | N, WOLFE ST | 212 | 205 | | |
| | | SLAU | | | | | 74 | 1-1 | 1 | 16 | | | |
| 1 | 23a B | BURIAL, CREMATION, SPECIFY) Burial | REMOVAL | | | | EMETERY OR CREM | | 23d. LOCATION | - D | COUNTY | | Md. |
| | | | | 12-31 | | | m Cemeter | 0 | Baltimor | | altimor | | Ma. |
| | Ani | n Same Matth | ews, | Matthew | s Funera | l Home | | A I | 2 350 | CHE REGIS | RAKSSIGNAL | Tholes | 2 |
| | | 3021 Easte | rn Av | enue. B. | altimore | Md. | 21224 | UMI | | / | | | 1 |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After the hospital

injury, or other traumatic event, the medical

should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

this certificate has been signed by the attending physician

ATTENDING PHYSICIAN: The low

requires that the death certif

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital or attending physician.

| 00 | 90 | 43 |
|---------------------------------------|--|----------------------------|
| n 24 hours after death. Page 4 may be | filled in by the funeral director, page 3 nould be filed within 72 hours after death | rands be notified at once. |

FOR

| STATE | OF MARY | AND | |
|------------------|----------|--------|---------|
| DEPARTMENT OF HE | ALTH AND | MENTAL | HYGIENE |
| CERTIFI | CATE OF | DEATH | |

| | 1 - | STATE REGISTRAR | | CERTIF | ICATE OF DEATH | REG. N | О. | | |
|---|----------------|--|---|----------------|--|------------------------------|-----------------------|------------------------------------|---------------------------------|
| | | CEASED NAME FIRST OR PRINTED SORPH | WIDDIE | Bi | AIGK | 20 DATE OF DEATH | 2-31 | -85 | 26. HOUR |
| | 3 SE) | Male | La Casia | S DATE O | DAY YEAR | 6 AGE (IN YEARS LAST BIT | YRS | | HOURS MIN. |
| 1 | (| Poland | USA | WIDOWE | | BALTIMORE CITY C | MOI | DEATH | CotyMD. |
| | 1 | Baltimore | 1. NAME OF HOSPITAL, N JENOT IN SUCH FACILITY, GIVE LA FULLE | He SqL | Date Nokily Con | IZU USUAL OCCUPAT | OF WORKING LIFE) | IZE KIND OF INDUSTRY A COPPE | BUSINESS OR EVE CE |
| 1 | 13a. S | AL RESIDENCE (IF NURSING HOME OR O | | | 13d INSIDE CITY LIMITS? YES NO | 13. STREET ADDRESS | zip code Hi edra | 1 st | est 200/ |
| 1 | | THER'S NAME Paul | Biale | | Victoria | WIDDIE | | Misio | ra |
| | | VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE 1924- | WAR OR DATEST | 03-0/86 | Mr. Thaddeus | | ESS219 W. alto., M | | yette Av. |
| | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | BY Condi | or Ann | 1 | | | APPROXIM | NATE INTERVAL NSET AND DEATH |
| | | Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO | DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) DOUBTIONS CONTRIBUTION | SEOUENCE OF | NOT RELATED TO THE TERMI | INAL DISEASE OR CON | IDITION GIVEN | IN PART Ito | |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR W | Lobecton | y Kon Squamou | 200 AUTOPSY? | 20h. IF YES, W | VERE FINDING CAUSES | GS USED OF DEATH? |
| | MEDICAL CERTIF | 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT. (IF ETHER NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK ALWORK | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY LAT HOME STREET, FACTORY, C | 19 | 21c HOW INJURY OCCURR 211. LOCATION STREET | YES NO CENTER NATURE OF INJU | | I OR PART ?) | NO |
| | | 22a L certify that (1) (this hospite sow the decrosed alive on above, (1) (we) (did) (did not) 22b. SIGNATURE | Viciniban 8 | 19 85 , or | DEGREE | death accurred on the d | FF | | |
| | | 1224 PHYSICIAN'S NAME (TYPE OR NEA) MEAN Fried | PRINT) lander M-0 | | 226 ADDRESS St. Paul | Place, SUTAS | 2A , Ba | Ho, Md | 1202 |
| Ī | 23a. E | BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | 23b DATE 1/2/86 | 23c. NAME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | Ç | OUNTY | STATE |

IMPORTANT: If Hem 21 is marked ar Item 18 shows any injury, ar ather troumotic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending a should be detached for use as the burial-transit permit. Then please remove carbons with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

DHMH - 16 50M 4/83 (VRA 15, 4)

Anatomy Board

24 FUNERAL DIRECTOR

Balto., Md.

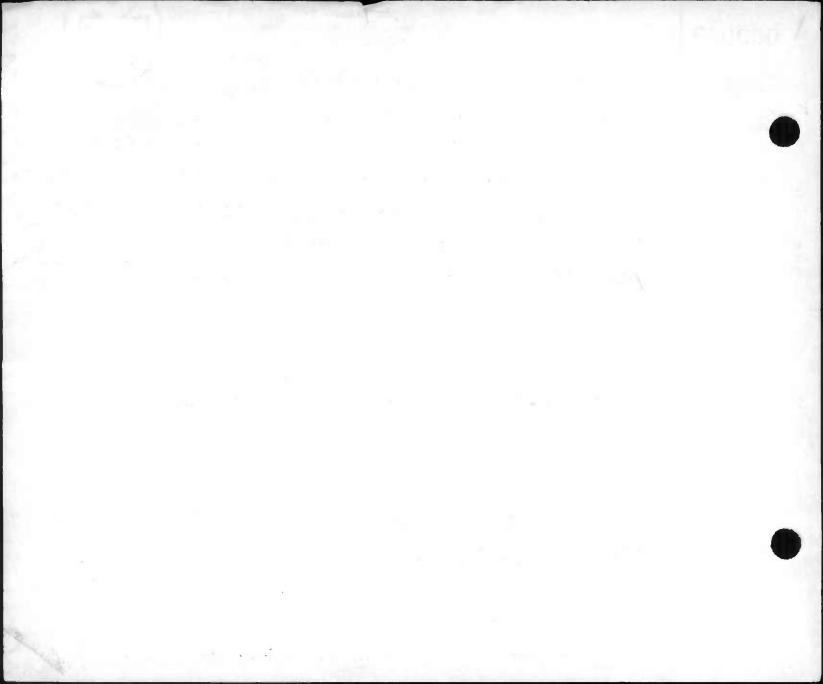
JAN 8

1986

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Lika Devidron Panda

3 , 0 ,

3



FOR STATE

STATE OF MARYLAND

| | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO. | | |
|---------------|--|--|--------------------|-------------------------------|---|---------------------------|-------------------------------------|
| 1. DE | CEASED NAME FIRST | WIDDIE | L | AST | 20. DATE OF DEATH MONT | TH DAY YEAR | 2b. HOUR |
| (ТҮРІ | FRANCE | S T. | BIEDR | ONSKI | Dec | 7 7 7 | 8:30 Ar |
| 3. SE | х | 4 RACE | S. DATE O | | 6 AGE (IN YEARS LAST BIRTHDAY) |) IF UNDER 1 YEAR | |
| | FEMALE | CAUCASIAN | Nov. | 28 1909 | 76 | YRS. | |
| | IRTHPLACE ISTATE OF FOREIGN | 16 CITIZEN OF WHAT COUN | TRY? 8. | NEVER MARRIED | 9 BALTIMORE CITY OR CO | OUNTY OF DEATH | |
| | MARYLAND | U.S.A. | WIDOWE | | BALTIMORE CI | TY | MD. |
| 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR | | OF BUSINESS OR |
| - | ALTIMORE | | PEL STRE | ET 21231 | Housewife | | |
| 130 | AL RESIDENCE (IF NURSING HOME STATE RYLAND | | TOWN | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | 07.007 |
| _ | ATHER'S NAME | BALT | IMURE | YES NO | | I STREET | 21231 |
| 1 | FIRST | MIDDLE LAST | | FIRST | WIDDLE | | AST |
| 16- 1 | Peter was deceased ever in u.s. / | BUCHA(| SECURITY NO. | CATHERI 17 INFORMANT | ADDRESS | UNK. | |
| (| YES, NO OR UNKNOWN] (# YES, C | GIVE WAR OR DATES) | | | | | |
| | No | 213-1 | 16-3048 | Dorothy V.Pe | rzan 2908 Edg | | |
| | 18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU | anly ane cause per line far to the | | | // | BETWEEN | XIMATE INTERVAL NONSET AND DEATH |
| . 4 | | IATE CAUSE (a) | nocare | | Locon | 10 | 458, |
| | | DUE TO, OR AS A CONS | EQUENCE OF | 1 - 1 | Matertasis | | |
| | Conditions, if ony, which | (b) we | 16 (79) | 4834 (1280 | 1.(2) | | |
| | gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | |
| | underlying couse lost | to | | | | | |
| | PART 2. OTHER SIGNIFICAN | T CONDITIONS CONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | AIN AL DISEASE OR CONDITIO | ON GIVEN IN PART 1 | (a) |
| o N | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WI | HICH OPERATIO | N WAS PERFORMED | | ERTIFYING CAUSES | |
| E | | | | | YES NO | YES [| NO [|
| N. | 21a. ACCIDENT WAS UNDERLYING | THE PARTY AND MACHINE | DAY VEAD | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN I | TEM 18, PART 1 OR PART 2) | |
| ¥ | OR CONTRIBUTING CAUSE OF I | DEATH | 19 | | | | |
| WEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | | 21f LOCATION | CITY OR TOWN | COUNTY | STATE |
| 2 | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OF | FFICE, FARM, ETC.) | SINCE! |) | COUNTY | STATE |
| | 220.1 certify that (I) DECE | arended the deceased fr | rom 001 | DER 19CF | 10 RC, L | 1 1985 | , that (I) ACE last |
| ١ | sow the deceased alive | nat) view the bady after death. | 19 EST, or | nd that in (my) (bar) opinian | death occurred an the date o | ind hour and from the | e causes stated |
| | 22b. SIGNATURE | nat) view the bady after death. | | DEGREE | | 22c. DATI | E SIGNED |
| | John | co Canle | - au | ATTENDING PHYSICIAN F | MEDICAL STAFF | 0 12 | 2/1850 |
| | 224 PHYSICIAN'S NAME (TYPE | E OR PRINT) | | 22e ADDRESS | g bikeerok [] Tittoleikit | | |
| | Dr. Pedfe | Paulino | | 300 S. Conk | ling St. | | |
| 23a. | BURIAL, CREMATION, REMOVA | AL 236 DATE | 23¢ NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | COUNTY | STATE |
| | Burial | 12/23/85 | St. Star | nislaus Cemet | env Baltimore | | _ |
| 24 F | UNERAL DIRECTOR | ADDRES | | 250. DAI | E REC'D. BY REGISTRAR 256 | EGISTRAR'S SIGNA | TURE |
| G | | & Sons Inc. 705 | | St. 21231 Ut | 10 43 1985 9 | maridan don- | gandalia. |
| | <u> </u> | | | | | | |

DHMH-16 60M 1/73

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

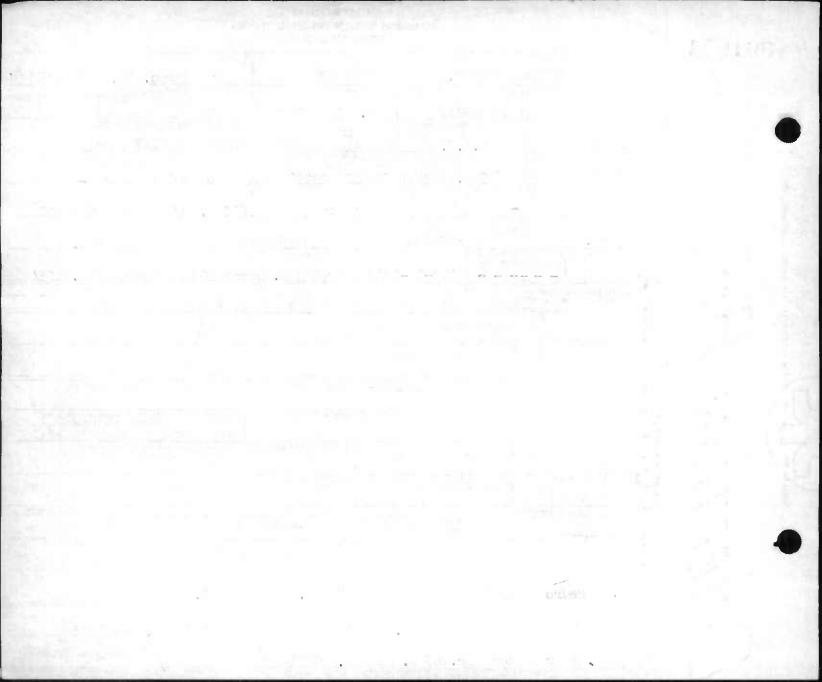
OR ATTENDING PHYSICIAN: The

retained by the hospital or attending physician.

should be detached for use as the burial-transit permit. Then please remove carbonpaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPOREANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, th

injury, or other troumatic event, the

(VR A 15 (4))



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| 4 | # 8 | 2 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | DRIG PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be autending physicion. | After this certificate has been signed by the attending physician and completely filled in by the funeral diregampage. |
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| 10. CITY OR BE USUAL RESI 13a, STATE | CE (STATE OR FOREIGN 16 C) FOR MY OWN OF DEATH 11. I timore DENCE (IF NURSING HOME OR OTHE 136 COUNTY) NAME FIRST W. | NAME OF HOSPITAL, NURSIN (I HOU IN SUCH SCHEIT) RINSTITUTION, GIVE REPORT 13 GETT ORTOW | MARRIED WIDOWED GO ADDRESS N HOSPI | 13 14 NEVER MARRIED THER INSTITUTION | 6. AGE (IN YEARS LAST BIRT 7/ 9. BALTIMORE CITY OI BCLL FORM 120 USUAL OCCUPATION LYPEOF WORK FOR MOST OF HOUSEWIFE | YRS. MONTHS DATS H |
|---|---|--|------------------------------------|---------------------------------------|--|--|
| 10. CITY OR BE USUAL RESI 130, STATE 14 FATHER'S 160 WAS DE 175, NOC | OWN OF DEATH 1 timore DENCE (IF NURSING HOME OR OTHE 13b COUNTY 13b COUNTY 14b COUNTY | NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH SCULLY, GIVE STREET GOOD SAMATITA FRINSTITUTION, GIVE RESIDENCE BEFORE | MARRIED WIDOWED GO ADDRESS N HOSPI | M DIVORCED THER INSTITUTION | Balfone | RECOUNTY OF BEATH ME CAY DN 1126-RIND OF B |
| USUAL REST | Ltimore DENCE (IF NURSING HOME OR OTHE 13b COUNTY NAME FIRST W. MICO | GOOD Samarita | n Hospi | THER INSTITUTION tal | 12a USUAL OCCUPATION | ON 126-KIND OF B |
| 13g STATE 14 FATHER'S 16g WAS DE | NAME FIRST W. MIOO | R INSTITUTION, GIVE RESIDENCE BEFORE 13 CITY OR TOWN | ADMISSION) | | Housewile | WORKING LIFE) INDUSTRY |
| I I I WAS DE | W. MIOO | | re 13d | INSIDE CITY LIMITS? | 13e STREET ADDRESS / 2800 Gil | ZIP CODE Avenue |
| TYES, NO C | | Long | 15. | MOTHER'S MAIDEN NAM | WIDDIE | TAylor |
| 18 CA | | 215-03- | 8424 | Mr. William | Leisey 17 | 1 Covington |
| gove couse unde | | DUE TO, OR AS A CONSEQUE (c) DITIONS CONTRIBUTING TO I | ENCE OF | RELATED TO THE TERM | NAL DISEASE OR COND | DITION GIVEN IN PART 110 |
| NO 190 DA | TE OF OPERATION | alefes Mell | - | AS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES |
| OR CO | CIDENT WAS UNDERLYING STRIBUTING CAUSE OF DEATH HER NOTIFY MEDICAL EXAMINER) JURY OCCURRED | 21b. TIME OF INJURY HOUR A.M. MONTH DA | AY YEAR 19 | HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I OR PART 2) |
| Daylor W | NOT WHILE | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | | STREET | CITY OR TOV | VN COUNTY |
| 50 | ertify that (1) (this haspital) w the deceased alive on ove, (1) (we) (did) (did not) vie GNATURE | ottended the deceosed from 19 8 | ond th | | eoth occurred on the do | te and hour and from the cou |
| # 9 | Devid J. | Penn | m | ATTENDING | MEDICAL STAF DIRECTOR PHYSIC | |
| 120 Pr | YSICIAN'S NAME (TYPE OR PRIME | | G | tery or Crematory | Jan Ruspil | fal Baltimor |

| The property of the security o | | | | | |
|--|----------------------|--------------------|--------|-----------|----------|
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| DEC | N. | 0 |
|-----|----|---|

| | REGISTRAR | WE | DICAL EXAMINER | S CERTIFICATE O | IV. | EG. NO. | |
|---------|--|-------------------------|---|--|----------------------------------|--------------------------|------------------|
| | EASED NAME FIRST | | MIDDLE | LAST | 20. DATE KNO | WN X MONTH | DAY YEAR 26 |
| (1112 | Thom | nas | M. | Blackiston | Jr. OF EST | ED 12 | 5 19 85 |
| 3. SEX | | 5. DATE OF BIRTH | | FUNDER 1 YR. IF UNDER | | MONTH | DAY YEAR 2 |
| m | ale white | Dec.1,1 | 952 33 YRS. | MONTHS DAYS HOURS | MIN PRONOUNCED DEAD | 12 | 5 1985 |
| 7a. BIR | THPLACE (STATE OR LEIGH COUNTRY) | 76. CITIZEN OF W | HAT COUNTRY? | ARRIED NEVER MARRI | 9. BALTIMORE | CITY OR COUNTY | OF DEATH |
| Ma | ryland | | TICA | DOWED DIVORC | | imore City | У, |
| | YORTOWN OF DEATH Baltimore | (IF NOT IN SUCH F. | SPITAL, NURSING HOME, OR ACRITY, GIVE STREET ADDRESS) TSity Hospital | | FOR MOST OF WORKING LI | (TYPE OF WORK 12h | OR INDUSTRY |
| 13e. ST | L RESIDENCE (IF IN NU II G HOME ATE EXAS RAND | OR OTHER INSTITUTION, G | 13c. CITY OR JOWN | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS 4303 Sout | h Jackson | 9999 n st. 9 |
| ,14. FA | THER'S NAME Thomas | M. | Blackiston | IS. MOTHER'S MAIDE Julia | N NAME MIDDLE | Wha | arton |
| 160. W | AS DECEASED EVER IN U.S. AR | | 166. SOCIAL SECURITY NO | . I7. INFORMANT | AD | DŖESS | |
| (16 | S, NO, OR UNKNOWN) (IF YES, GIVE | E WAR OR DATES) | 453-90-7046 | Mrs.Julia | Blackiston | 740 Lora | 's Lane |
| | 18 CAUSE OF DEATH (Enter or | nly ane couse per line | e for (a), (b), ond (c).) | 1.30 | | | APPROXIMATE INT |
| 7 | PART I DEATH WAS CAUSE | ED BY: Mu | ltiple injurie | es | | | BETWEEN ONSET AN |
| | X/20 IMMEDIA | | R AS A CONSEQUENCE OF | | Section 2017 | | |
| | Canditions, if any, which | h | | | | - 11 | - |
| | gave rise to immediate couse (a) stating the under | | R AS A CONSEQUENCE OF | | | | |
| | lying couse last. | 00210,01 | AS A CONSEQUENCE OF | A | | | |
| | PART 2 OTHER SIGNIFICANT CONDITIONS | (c) | DATE NOT DELLATED TO THE TERMINAL OF | UCCACO DA CAMBITICA DE CAMBITIC | | | |
| z | TAKE E OTHER SIGNIFICANT CONDITION | S CONTRIBUTING TO DEATH | BOT NOT KELATED TO THE TERMINAL D | 1125425 DK CONDITION BIASH IN NY | 11 (0) | | |
| NTI O | 19a, DATE OF OPERATION | II% COND | TION FOR WHICH OPERATIO | N WAS PERFORMED? | | 1 | 20 AUTOPSY? |
| 윤 | | | | | | | YES . |
| E | 216 EXTERNAL CAUSE WAS | 21b. TIME O | F INJURY 12 | It. HOW INJURY OCCURRE | D TENTER NATURE OF INJURY IN | ITEM 18 PART 1 OR PART 2 | |
| Ü | HINDERLYING X OR | HOUR A.A | A. MONTH DAY YEAR | The same of the sa | 1 | | |
|) O | CONTRIBUTING CAUSE OF | | | Driver in tr | uck/tractor | traller i | 1mpact |
| WE | WHILE NOT WHILE | STREET, FAC | TORY, FARM, ETC.) | STREET | CITY OR TOWN | COUNT | |
| | AT WORK AT WORK | r | oad I | Rts. 301 & 40 | | Queen A | Anne's,M |
| | 22a. I certify that I took char | rge of the remains de | scribed above, held an A | utopsy , Inspection | X, Inquiry | and in my apini | ian |
| | death resulted from: Nats | ural cayles . | Accident X Spicide | , Homicide . | Undetermined monner | | |
| | 7 | 12 | ANTO PORCE TOTAL | TITLE (SPECIFY) | | | |
| | ACTUAL \. | 100 | | _M.D.Assistant | MEDICAL EXAMINER | DATE SIGNED | 12/6/85 |
| | SIGNATURE Y | | | | | 31014202 | |
| | SIGNATUREX | | | | | | |
| | SIGNATURE | regory R. | / kauffman, M.D. | ADDRESS 111 P | enn St. Bal | lto.MD. | |
| 23a BL | EXAMINER'S NAME (TYPE OR PRINT) URIAL CREMATION REMOVAL | | kauffman, M.D. | | | | |
| 23a BL | EXAMINER'S NAME (TYPE OR PRINT) URIAL CREMATION REMOVAL | 23b. DATE | 23c NAME OF CEMETE | RY OR CREMATORY | enn St. Bal | lto.MD. | Md. Md. |
| 230 BU | EXAMINER'S NAME GT | 23b. DATE | | ry or cremajory Crematory | 23d. LOCATION CIRCLE DAY Balto. | COUNTY | NATURE |

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esting protein a manner to the man were

| 3 | 51 | 12 | ja. |
|---|--|---|-----|
| 1 | y be | deoth deoth | |
| | Figure 1 and 1 and 2 and | attended by the functol director, page 3 should by filed within 72 hours after death | |
| | er death. | e funeral d | |
| | offer of | d by the | |
| | (| 2 should |) |

physicio

offending

9 Then pleos signed

FUNERAL DIRECTOR: After this certificate has been

attending physici

PHYSICIAN

ATTENDING

HOSPITAL

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CERTIFICAT

MEDICAL

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for use as the burial-transit permit.

of Health and Mental Hygiene prior

should be detact

MPORTANT:

FOR - STATE

(TYPE OR PRINT)

BIRTHPLACE

13a. STATE

14. FATHER'S NAME

CITY OR TOWN OF DEATH

I STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTIO

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

13b. COUNTY

MIDDLE

3 SEX

REGISTRAR DECEASED NAME MIDDLE LAST FIRST

4 RACE

a

76 CITIZEN OF WHAJ COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c CITY OR TOWN

LAST

166 SOCIAL SECURITY NO.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

GIVE RESIDENCE BEFORE ADMISSION)

| STATE OF MAKTE | AND |
|-------------------------|----------------|
| EPARIMENT OF HEALTH AND | MENTAL HYGIENE |
| CERTIFICATE OF | DEATH |

DAY

19

MARRIED NEVER MARRIED

YEAR

DIVORCED

3d. INSIDE CITY LIMITS NO 15. MOTHER'S MAIDEN

> FIRST elen

5. DATE OF BIRTH MONTH

0

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

| ΥG | IENE 8 5 3 | 3 | | 1 | ن |
|-----|--|---------|-----------------|----------|-------|
| | REG. NO. | | | | |
| | 20 DATE OF DEATH MONTH | DAY | YEAR | 26 HOU | R |
| | 12 | 7 | 85 | 8. | PM |
| | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDE | | # UNDER | |
| | 75 YRS. | MONTHS | DAYS | HOURS | MIN. |
| 7 | 9 BALTIMORE CITY OR COUNTY | OF DE | ATH | | |
| | Baltimore | CI | ty | | MD. |
| | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE | | KIND O USTRY | F BUSINE | SS OR |
| | 130.STREET ADDRESS / ZIP CODE 5407 Fair 1 | | 2 | R | 15 |
| VA/ | · · · · | | | | |
| | MIDDLE | Au | QU | STL | 15 |
| | ADDRESS | - | - 0 | 1121 | 5 |
| | 01 1 1 5UA | 7 | | 1 - | N |

| 1 | MES NO OR UNKNOWN) | 1942- | 1945 | 133 09 865 | 8 Mrs Evely, | Blackwell | 15407 | Fairlawn |
|----|--|--|------------|-----------------------|--------------------------|-------------------|-----------------|---|
| > | 18 CAUSE OF DEA PART I. DEATH V | TH (Enter only of VAS CAUSED B IMMEDIATE C | Y: | RES DRAT | 307 Failuls | 164 PO | X/ 6 | APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | Gonditions, if any | r, which | | R AS A CONSCOUENCE OF | MIDGENIC | CA. | ASOLVATI | 02 ? |
| | gave rise to im couse (a), stati underlying cous | ng the | DUE TO, OF | RAS A CONSTQUENCE O | UCHY998UI | c Cal | Delivon | 9. |
| NO | PART 2. OTHER SIG | NIFIGAN CON | PITIONS CO | ONTRIBUTING TO DEATH | BUT NO RELATED TO THE TE | RMINAL DISEASE OF | CONDITION GIVEN | IN PART 110 |

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

22a.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive an above, (I) (we) (did) (did not) and the death.

AT WORK

190 DATE OF OPERATION

21d. INJURY OCCURRED

AT WORK

22b. SIGNAT

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e PLACE OF INJURY

21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

COUNTY

22c. DATE SIGNED

STATE

211 LOCATION STREET

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

DEGREE ATTENDING. MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S MAMI

23b. DA

22e. ADDRESS

23d LOCATION NAME OF CEMETERY OR CREMATORY

20a AUTOPSY?

NO

CITY OR TOWN

STATE

230. BURIAL, CREMATION, REMOVAL

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DEC 13 1985 una vavidoor-

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Library and the same and

MARYLAND 2120 BALTIMORE PRESTON ST DIVISION OF VITAL RECORDS, physicio

FOR

REGISTRAR

FIRST

William C. March F/H West 4300 Wabash Avenue

DECEASED NAME

1 - STATE

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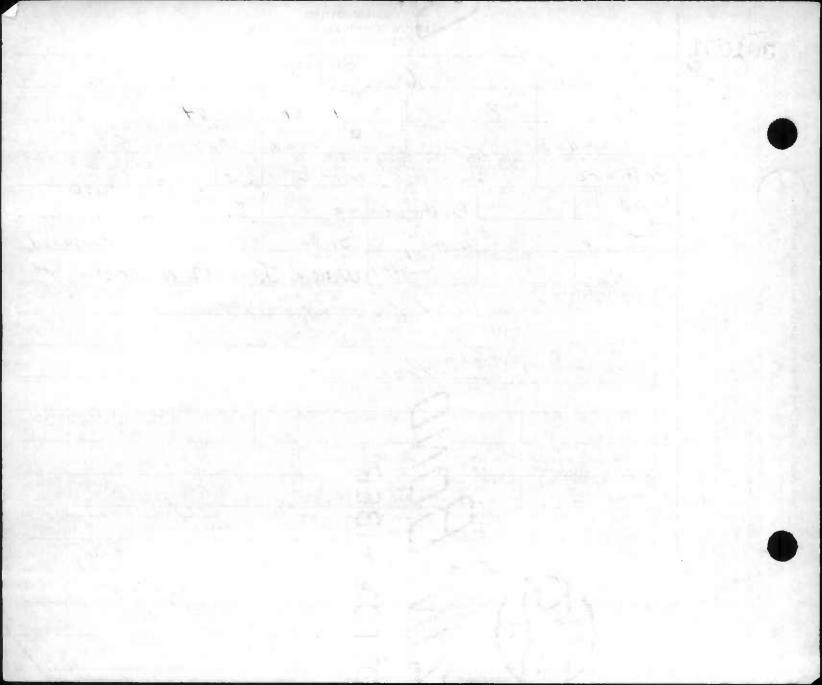
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MIDDLE MONTH DAY YE AR 2b. HOUR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR 21 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED HIMORE WIDOWED DIVORCED INDUSTRY ZIP CODE 13e.STREET ADDRESS 13d. INSIDE CITY LIMITS? NO ITIMOTE 15 MOTHER'S MAIDEN NAME AKD. 166 SOCIAL SECURITY NO ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

TYPE OR PRINTS 3 SEX 4 RACE IF LINEYER 24 HPS 7a. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) timura BON SECOPILS JOUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 4 FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATES 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE O underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. Ito: CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [] 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL IN EITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STREET CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) AL WORK AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from sow the deceased olive on. ond that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE BIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME STOP OF THE Tie. ADDRESS 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE SPECIFBuria CITY OR TOWN COUNTY STATE Fastview Cemetery Raltimore 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

should be detoched with the Stote Dept. MPORTANT BP

FUNERAL DIRECTOR:

DHMH - 16 50M 4/83 (VRA 15, 4)



ral director, page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - STATE REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO | D. | | |
|---|---|------------|--|--|-------------|-----------------|-----------------|
| I DECEASED NAME FIRST | WIDDLE | | AST | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR 55 |
| (TYPE OR PRINT) | W Veronica | BL | aney | 12 | 2 0 | 7 95 | 8 Am |
| 3. SEX | 4 RACE | 5. DATE C | | 6 AGE IN YEARS LAST BIRT | THD AY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| Female | White | Jan | .16,1902 | 83 | YRS | MONTHS DAYS | HOURS MIN. |
| BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY | 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNT | Y OF DEATH | |
| Maryland | USA | WIDOWE | | Baltimo | re C. | ity | MD |
| Baltimore | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Mercy Hosp | T ADDRESS) | Balto.Md. | 120 USUAL OCCUPATE ITYPE OF WORK FOR MOST O Homemake | F WORKING L | | OF BUSINESS OR |
| SUAL RESIDENCE (IF NURSING HOME O 36. STATE ary Land | | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / 1218 S.C. | zip coo | | 1230 Balto.M |
| FATHER'S NAME | MIDDLE LAST | | 15 MOTHER'S MAIDEN NAM | WE | | LAS | |
| Thomas - | Eagar | 1 | Ann | LI. | | Da | 4 10 |
| WAS DECEASED EVER IN U.S. AF | | URITY NO. | 17 INFORMANT | ADDRE | SS | Md | .21225 |
| (YES NO OR UNKNOWN) (IF YES GI | 215-07- | 8727 | Mary Ann H | ill.426 5t | th. A | ve.Bro | oklyn F |
| gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEOU | | | | | | |
| | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GI | VEN IN PART 1 | a |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERT | S, WERE FINDIN | |
| | HOUR A.M. MONTH D | AY YEAR | 21c. HOW INJURY OCCURR | | | | |
| OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE | FARM ETC) | 21f LOCATION STREET | CITY OR TO | wN | COUNTY | STATE |
| 22a.1 certify that # (this hasp | orial) ottended the deceosed from 12 / 2 19 ot) view the body after death. | | nd that in (ay) (our) opinion of DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | F | | |
| 224 PHYSICIAN'S NAME (TYPE | ORPRINT | 1 | 22e ADDRESS | DIRECTOR PHISIC | INITE | er M | 10 200 |

etained by the hospital TO HOSPITAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-fransit permit. Then please remove carbon papers. Pager with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal. MPORTANT: If them 21 is marked or them 18 shows any injury, or ather troumatic event, the

OR ATTENDING PHYSICIAN: The

230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

3

(SPECIFY) Buria] Balto . Nationa 24 FUNERAL DIRECTOR Balto.Md.21230 I Home, 130 E.Fort

Cent. Raltimore Mary Lo

The Ballion Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO.

| A CO A | 1. DE | CEASED NAME | FIRST | | MIDDLE | LAS | 7 | | 20 DATE VA | OWN TO | MONTH DAY | YEAR TO | b HOUR |
|--------|-----------------------|---------------------|---------------------------------|---------------------------|--------------------------|-------------------|----------------------|-------------|--------------------|----------------|------------------|---------------|----------|
| | | E OR PRINT) | | | | | | | 20 DATE KN | SIL | | 0.5 | B. HOUR |
| E E | | | BARBA | | L. | | KSVAER | | DEATH M | ATED [| 12 24 | 19 85 | M |
| | 3. SE | , | RACE | S. DATE OF BIRTH | 6 AGE (IN LAST BIRT) | | DAYS HOURS | ER 24 HRS | ?c. DATE | D | MONTH DAY | YEAR | 2d HOUR |
| | | male | Cauc. | | | YRS. | | -17 | DEAD | | 12 24 | | 10PM |
| 10 | | RTHPLACE (STA | TE OR | 76. CITIZEN OF WH. | AT COUNTRY? | 8 MARRIED | NEVER MAI | RRIED | 9 BALTIMOR | E CITY OR | COUNTY OF | DEATH | |
| j | | ash, D. | | U.S.A. | | WIDOWED | | _ | Baltim | ore C | itv | | MD |
| | III, C | TY OR TOWN C | FDEATH | 11. NAME OF HOSP | PITAL, NURSING HO | AE, OR OTHER | INSTITUTION | | UAL OCCUPAT | ION (TYPE O | F WORK 126 K | IND OF BUSI | NESS |
| | $V_{\rm B}$ | Baltimor | 0 | | ity Hosp. | | | | most of working | | | R INDUSTRY | |
| | USU | AL RESIDENCE (| F IN NURSING HOME C | OR OTHER INSTITUTION GIVE | E RESIDENCE BEFORE ADMIS | SION | | | | | | | |
| N | | tate aryland | 13b COUN | timore | 13c. CITY OR TOWN | | I INSIDE CITY LIMITS | | | | McComa ryland | | |
| | | ATHER'S NAME | Dai | CIMODE | | | MOTHER'S MA | | | e, Ma | ryland | 21222 | |
| į | h | FIRST | | MIDDLE | LAST | . " | FIRST | DEIA IANAG | MIDD | LE | | LAST | |
| | 160 3 | Charles | EVER IN U.S. ARA | M. | Gibson | ITY NO. 117 | Helen | | | ADDRESS | 012 W- C | rgis | A |
| | 100. | ES, NO, OR UNKNOW | (IF YES, GIVE | WAR OR DATES) | | | | 1 2 1 1 1 | | | 812 McC | | |
| | | No. | | | 144-32-8 | 8/4 M | r. Roald | d Blik | ksvaer | - Bal | | | 21222 |
| | | 18 CAUSE OF | DEATH (Enter on TH WAS CAUSE | ly ane couse per line f | for (a), (b), and (c).) | | | | | | BET | PPROXIMATE IN | ND DEATH |
| | | | IMMEDIAT | TE CAUSE (a) Guns | | | ad, che | St & a | abdomen | luns | peclific | a wea | poni |
| | | | | DUE TO, OR A | AS A CONSEQUENCE | OF | | | | | | | |
| | | | , if any, which to immediate | (b)_ | | | | | | | 3.6 | | |
| | | couse (o) s | toting the under- | | AS A CONSEQUENCE | OF | | | | | | | |
| | | lying caus | e lost. | (6) | | | | | | | | | |
| | | PART 2 DIHER SIG | NIFICANT CONDITIONS | CONTRIBUTING TO DEATH BE | UT NOT RELATED TO THE TE | RMINAL DISEASE DR | CONDITION GIVEN IN | PART 1 (a) | | | | | |
| | Z | | | | | | | | | | | | |
| | 15 | 190. DATE OF | PERATION | 196. CONDITI | ION FOR WHICH OP | RATION WAS | PERFORMED? | | | | 20 | AUTOPSY? | |
| | E | | | | | | | | | | | YES 5 | NO 🗆 |
| | MEDICAL CERTIFICATION | 210 EXTERNAL | | 216 TIME OF | | 21c HOW | INJURY OCCUR | RED (ENTER | NATURE OF INJURY | IN ITEM 18 PAR | | 20 30 | |
| j | N N | UNDERLYING | OR CAUSE OF | HOUR TONS | 12-24-19 | | oat abo | 4 | | | | | |
| j | N N | 214 INTURY OF | CLIRRED | 21e PLACE O | FINJURY (ATHOME. | 21f LOCA | ect sho | L. | | | | | |
| | ME | WHILE AT WORK | NOT WHILE | | ORY, FARM, ETC.) | STREE | ī | | CITY OR TOWN | , | COUNTY | | STATE |
| | | AT WORK | AT WORK | hon | ne | | McComas | St., | Dundal | K, | Balto. | | MD |
| | | 22a 1 certify | that I taak chorg | e af the remains desc | ribed abave, held on | Autapsy | X, Inspec | tion . | Inquiry |], and | in my opinion | | |
| | | death resulted | fram: Notur | al couses, | Accident, S | iuicide | Homicide X | . Undet | termined monn | er . | | | |
| | | | ٨ | - | | | TITLE (SPECIFY) | | | | | | |
| | | ACTUAL SIGNATURE | M | (ma) | | M D | Assista | nt MED | ICA: EYAMINI | FD | DATE 12 | 2-25-8 | 5 |
| į | | SHANDING | N | 2 | | 741.0. | | MED | ICAL EXAMIN | LK . | SIGNED | | |
| - | | EXAMINER'S N | Ann Ann | M. Dixon, | M.D. | ADI | ORESS 111 | Penn S | St.,Bal | to., | MD 212 | 201 | |
| | 23 o. B | | ON, REMOVAL 2 | 3b. DATE | 23c NAME OF C | | | 23d. LC | OCATION OR TOWN | | COUNTY | STAT | |
| | 1 | Bur | ial | 12/30/85 | Oak La | wn | | Silv | | altime | | Md | |
| | 24. F | UNERAL DIRECT | OR | ADDRESS | | | 250. QAT | E REC'D. BY | | | RAR'S SIGNAT | | |
| | V | alter D | abrowski | - 1005 Di | undalk Ave | nue 212 | 24 00 | 030 | 1985 | Julia D | evidson- | Pande 10 | J. |
| (5)) | | | | | | | | | | | | | |

Lan-li-mala Mr. acla Billswer - S. L gove, Md. 2132

S

ANALY SUMBYS ANALYSI CO. 4 - 1 E STEEL TO A

.A.c.l. .J.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

that the death certificate

ATTENDING PHYSICIAN: The low the hospital or attending physician.

TO HOSPITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 3 | 1 - | FOR STATE | | DEPARTA | | ICATE OF DEATH | | | | |
|----|-----------------------|--|--|---|--|--|---|---|---------------------------------------|------------|
| 0 | | REGISTRAR CEASED NAME FIRST OR PRINT) SEL | MA | WIDDLE | BL | UM BERG | REG. N | 10. MONTH DAY 12 16 | - Col | HOUR 5 |
| | 3. SEX | FEMALE | 4 RACE WHIT | | 5 DATE C | | 6. AGE (IN YEARS LAST BE | RTHDAY) IF UP | NDER I YEAR IF I | UNDER 24 |
| 1 | C | RTHPLACE (STATE OR FOREIGN COUNTRY) CAROLINA | J | JSA | WIDOWE | | | IMORE CI | TY | 17 |
| 10 | 6 | BALTIMORE | (IF NOT IN SUI | SWILCK | ADDRESS) NUI | RSING HOME | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST PRINCIP | | 26 KIND OF BUNDUSTRY BALTO. (| |
| 5 | 130 S M | IARYLAND | OR OTHER INSTITUTION UNTY | BALTIMOL | | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | | ING LA. | #: |
| 0 | | SAUL FIRST | WIDDLE | BAER | | ANNIE | WIDDLE | | KITŻNI | ER |
| 1 | 16a W | VAS DECEASED EVER IN U.S. A | ARMED FORCES? GIVE WAR OR DATES) | 219-18-5 | | BARRY BLUMBI | ERG 1329 BO | | #2121 | 7 |
| | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | ATE CAUSE (0) | DR AS A CONSEQUE | ENGE OF | lomalace arterio, | sclero | is } | 15 | ye. |
| 0 | CATION | Conditions, if any, which gave rise to immediate cause (a), stating the | ATE CAUSE (6) DUE TO, C DUE TO, C (c) T CONDITIONS C | OR AS A CONSEQUE | ENGE OF | NOT RELATED TO THE TERM | AINAL DISEASE OR COM | 20b IF YES, WI | ERE FINDINGS | USED DEATH |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | | | RAYMO | | | | | ENEK | | | DEATH | MATED [| | | 9 85 | N |
| 3. | SEX | | 4. RACE | 5. DATE OF BIRTH | YEAR | 6. AGE (IN YEA | AY) MONTHS | DAYS | IF UNDER | R 24 HRS. | 2c. DATE | CED | MONTH | DAY | YÉAR | 7:05 |
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| 14 | . FAI | HER'S NAME | | MIDDLE | | LAST | 1 | S. MOTHE | R'S MAID | ENNAM | E | DOLE | | U | AST | |
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| 1 16 | a. W | NO, OR UNKNO | DEVER IN U.S. AF | MED FORCES? | | CIAL SECURITY | 11101 | . INFORM | | | | ADDRESS | | | | |
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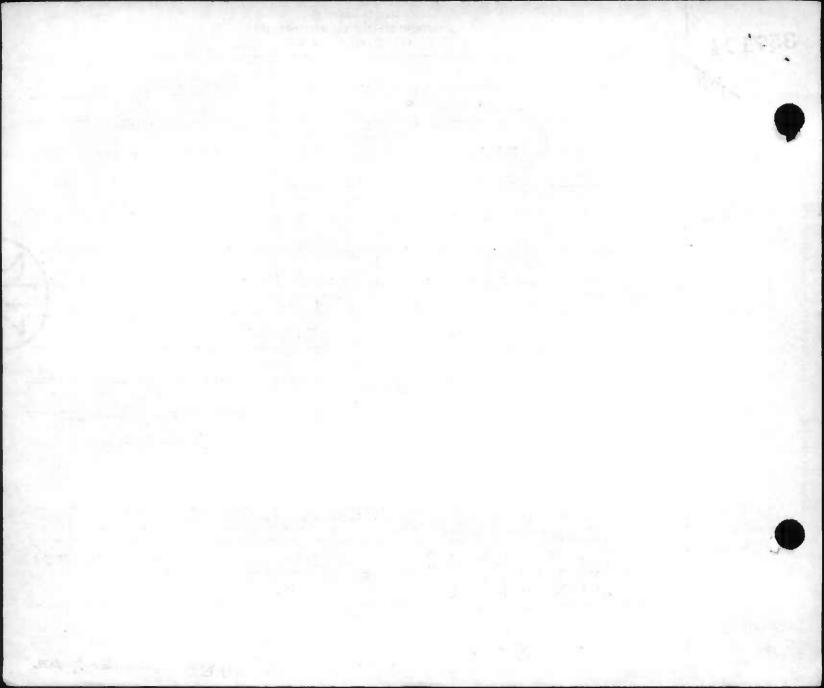
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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| I SEX | CEASED NAME | | | | | | REG. N | | | |
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|). SEX | UK PKINI) | FIRST | | MIDDLE | | LAST | | | DAY YEAR | 26 HOUR |
| | WILLIA | M | HELM | NUTH | BOCK, | JR. | DECEMBE | R 17 | 1985 | 4:55AM |
| N | | | RACE | | 5 DATE | OF BIRTH | 6 AGE (IN YEARS LAST BIR | THDAY) | IF UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| - | MALE | | WHITE | C | MAY | | 54 | YRS | AUNIHS DATS | HOURS MIN. |
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| | ARYLAND | | U.S.A | ۸. | WIDOW | | BALTIMORE | CITY | | MD. |
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| FAT | THER'S NAME | AAI | DDLE | LA! | S.Y | 15 MOTHER'S MAIDEN NAM | ME MIDDLE | | LAS | 7 |
| M | WILLIAM | HELM | | | , SR. | LILLIAN | E. | KII | NGSMORE | |
| | AS DECEASED EVER | IN U.S. ARM | | 166 SOCIAL | L SECURITY NO | 17 INFORMANT Siste | er ADDRE | SS 402 | OakGro | ove Rd. |
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TO FUNERAL DIRECTOR, a should be detected for use with the State Dept. of Hea WPORTANT, if them 21 is in



2 HOSE RIFECER. ALTENBURG FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 6009 Harford Rd. Balto. Md. 21214

21214

6009 Harford Rd., Balto., Md.

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DHMH - 17

(VR A15 ME (5))

23b DATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | REG. NO. | DAY YEAR | |
|------|---|----------------------------------|----------------------------------|
| | 20. DATE OF DEATH MONTH | 0 0- | 26. HOUR /: 30 A |
| 2 | 6. AGE (IN YEARS LAST BIRTHDAY) 6.3 YRS. | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. |
| 00 | BALTIMORE CITY OR COUNT | Y OF DEATH | MD. |
| 1 | 120 USUAL OCCUPATION 1779 OF WORK FOR MOST OF WORKING | | F BUSINESS OR |
| | 130 STREET ADDRESS (ZIP COL 3213 DONA | ELL S | 1224 T. |
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| -R | POGUCKI SA | ME AS | 130 |
| on | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| ſ., | Disease | 10, | Irs. |
| | | | |
| TERM | INAL DISEASE OR CONDITION G | IVEN IN PART 110 | 0 |
| | | ES, WERE FINDIN IFYING CAUSES | |

YES NO YES 🗍 NO | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN COUNTY

that (1) (we) last , and that in (my) (our) opinion death occurred on the date and haur and from the causes stated

STATE

22c DATE SIGNED MEDICAL STAFF

23d LOCATION 23c NAME OF

CITY OR TOWN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JAN 1900

DHMH - 16 50M 4/83

006095

- STATE

REGISTRAR DECEASED NAME TYPE OR PRINT

(VRA 15, 4)

The state of the s LANCE TO SERVICE STATE OF THE Michel Theoremski Katherine Kentherine Kentherine The second with the second the se

365018 , FOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 3 5 8

| | | REGISTRAR | | | | | ICATE OF DEATH | REG. | NO. | | | |
|-----|-----------------------|--|--|--|--|---|--|---|--------------------------|------------------------|--|--|
| 10 | | CEASED NAME | FIRST | | WIDDLE | 1 | LAST | 20 DATE OF DEATH | MONTH | DAY | YEAR | 26. HOUR |
| 10 | (111 | | ina | M | |] | Boland | Decem | ber | 24. | 1985 | 1:50 |
| | 3. SE | Female | | 4 RACE | <i>h</i> ite | 5. DATE (| | 6 AGE (IN YEARS LAST | | IF | UNDER I YEAR | IF UNDER 2: |
| 23 | | RTHPLACE (STATE OR COUNTRY) Canada | FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | | INTY O | | |
| 14 | 10 C | Baltimore | | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AS Union Memoris | | al Ho | | 170. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE (1796 OF WORK FOR MOST OF WORKING LIFE) | | | | F BUSINES |
| 85 | 13a. S | AL RESIDENCE (IF NUR STATE Aryland | 13b. COUN | | GIVE RESIDENCE BEFORE 130 CITY OR TOWN Baltimor | N | YES NO | 13e STREET ADDRES 3306 Ros | s/zipc e ke mj | ODE P Av | re. 2 | 1214 |
| 50 | | John | i | MIDDLE | Reich | | 15. MOTHER'S MAIDEN NAM | WIDDLE | Lee | | Bea | |
| 1 | (| VAS DECEASED EVER YES, NO OR UNKNOWN) NO | | MED FORCES? E WAR OR DATES) | 217-26-6 | | Mrs. Rosa Le | | Same | e as | s # 13 | e |
| | | Conditions, if any gove rise to im couse 101, stati underlying couse | mediate ng the | (b)_ | R AS A CONSEQUE | | • | | Y | | | |
| (2) | ATION | gove rise to im couse (a), stati underlying couse | mediate ng the e fast. | DUE TO, O | ONTRIBUTING TO D | NCE OF | NOT RELATED TO THE TERM | INAL DISEASE OR CO | | | VERE FINDIN | |
| 9 | TIFICATION | gove rise to im couse (o), stati underlying couse PART 2. OTHER SIG | mediate ng the e fast. | DUE TO, O | ONTRIBUTING TO D | NCE OF | | | 20b. IF IN CE | F YES, V | VERE FINDIN | NGS USED |
| 9 | CAL CERTIFICATION | gove rise to im couse (o), stati underlying couse PART 2. OTHER SIG | mediate ng the e lost. NIFICANT C | DUE TO, O (c) ONDITIONS CO 196 COND 196 COND 196 HOUR A | ONTRIBUTING TO D | DEATH BUT | | 200 AUTOPSY? YES NO | 206 IF IN CE | F YES, VERTIFYIN | VERE FINDING CAUSES | NGS USED OF DEATH |
| 99 | MEDICAL CERTIFICATION | gove rise to im couse (0), stofi underlying couse PART 2. OTHER SIG | mediate ng the a lost. NIFICANT C TION DERLYING C CAUSE OF DEA ICAL EXAMINER RED | (b) | ONTRIBUTING TO D ONTRIBUTING TO D OTHER WHICH OF INJURY M. MONTH DA | OPERATION AY YEAR 19 | IN WAS PERFORMED | 200 AUTOPSY? YES NO | 206 IF IN CE | F YES, VERTIFYIN | VERE FINDING CAUSES | NGS USED OF DEATH NO |
| 99 | | gove rise to im couse 101, stofi underlying couse 191, stofi underlying couse 190 DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d, INJURY OCCUR | mediate mediate to the control of th | DUE TO, O (c) ONDITIONS CO 196 COND 196 COND 196 COND 197 COND 198 CO | ONTRIBUTING TO D ONTRIBUTING TO D OTHER WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FACTORY, OFFICE FACTORY | OPERATION AY YEAR 19 ARM ETC.) | 216 HOW INJURY OCCURR | 200 AUTOPSY? YES NO ENTER NATURE OF IN | 206 IF | FYES, WERTIFYIN YES [| VERE FINDING CAUSES I FOR PART 2) | NGS USED OF DEATH NO [] |
| 99 | | gove rise to im couse (o), staft underlying couse (o), staft underlying couse (o) and on the | TION DERLYING CAUSE OF DEAL EXAMINER RED HILL CAME CAME CAME CAME CAME CAME CAME CAME | DUE TO, O (c) ONDITIONS CO 196 COND 196 COND 196 COND 196 COND 196 COND 197 COND 198 TIME CO HOUR A P. 21e PLACE (AT HOME ST 1) view the body | ONTRIBUTING TO D ONTRIBUTING TO D OTHER WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FACTORY, OFFICE FACTORY | OPERATIO OPERATIO APPLICATION OPERATIO OPERATIO OPERATIO OPERATIO | 211 LOCATION SIREET 19 9 nd that in (my) (out) opinion of DEGREE | 200 AUTOPSY? YES NO CITY OR CITY OR to death occurred on the | 10WN date and | FYES, WERTIFYIN YES (| VERE FINDING CAUSES I FOR PART 2) | NGS USED OF DEATH NO |
| 99 | MEDICAL | gove rise to im couse (a), stofi underlying couse (b), stofi underlying couse (b) and the couse (b) and the couse (b) and the couse (c) and the couse (b) and the couse (c) and the couse (c) and the couse (c) and the couse (d) an | DERLYING CAUSE OF DEAL EXAMINER RED HILE CAUSE OF DEAL CALL EXAMINER AND CAUSE OF DEAL CALL EX | DUE TO, O (c) CONDITIONS C 196 COND 196 COND 196 COND 197 COND 198 CO | ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FOR CONTRIBUTION OF INJURY REET, FACTORY OFFI | OPERATION AY YEAR 19 ARM ETC.) | 211 LOCATION STREET 19 10 d that in (my) (ow) apinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS | 200 AUTOPSY? YES NO CED (ENTERNATURE OF IN | TOWN dote and | FYES, WERTIFYING YES [| COUNTY COUNTY COUNTY COUNTY COUNTY | NGS USED OF DEATH NO STA that (I) (machine) couses state. |

DHMH - 16 60M 7/B4 (VRA 15, 4)

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De Door Strong Capital - De Door Strong

AND THE REPORT OF THE PARTY OF

with the state of the same of the same

ENDING PHYSICIAN: The law requires that the death certificate be tall or attending physician.

347036

executed within 24 haurs ofter death. Page 4 may be

| | | STAT | TE OF | MARY | LAND | |
|------|--------|------|-------|------|--------|---------|
| DEPA | RTMENT | OF I | HEALT | HAND | MENTAL | HYGIENI |
| | CE | RTI | FICAT | E OF | DEATH | |

| 5 | 3 | 3 |) | 3 | 0 |
|---|---|---|---|---|---|
| | | | | | |

8

| 36 | 1. | FOR STATE REGISTRAR | DEPART | | HEALTH AND MENTAL HYG FICATE OF DEATH | REG. NO. | 0 0 0 |
|-----------------------------------|---------------|---|--|------------------------|--|---|--|
| 5 | | CEASED NAME FIRST | MIDDLE | | EAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| 1 | | Vera | I. Bo | lling | | 12/2/85 | |
| 6) | 3. SE | x Female | 4. RACE Black | 5. DATE (| | 6 AGE (IN YEARS LAST BIRTHDAY) 7 Δ YR | MONTHS DAYS HOURS A |
| 3 | V | IRTHPLACE (STATE OR FOREIGN COUNTRY) IT ginia | 76 CITIZEN OF WHAT COUNTRY? USA | 8. MARRIE WIDOWI | D NEVER MARRIED DIVORCED | 9 BALTIMORE CITY OR COUN Baltimore Ci | ITY OF DEATH |
| DC | | Baltimore | 11. NAME OF HOSPITAL, NURSIN 2904 Springhill | Ave. | | (TYPE OF WORK FOR MOST OF WORKING Retired | 12b. KIND OF BUSINESS INDUSTRY |
| adast pe | 13a : | AL RESIDENCE (IF NURSING HOME O STATE Md. | ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 134 CITY OR TOW Baltimo | /N | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CO | |
| Examine | | ATHERS NAME FIRST George | r. Bailey | | 15. MOTHER'S MAIDEN NA/ FIRST Ella | | LAST |
| medico | | MAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) | RMED FORCES? 16b, SOCIAL SECU VE WAR OR DATES) | PRITY NO. | Vera Hammett | 2801 Springhil | 1 Ave. |
| s ony injury, or other fre | CERTIFICATION | gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION | DUE TO, OR AS A CONSEQUI (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH | DEATH BUT | Source NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION (| GIVEN IN PART To YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? |
| em 18 shows | | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH D. | AY YEAR | 21c. HOW INJURY OCCURR | YES NO DE NET NATURE OF INJURY IN ITEM | YES NO |
| Z / F | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | | 211 LOCATION | | |
| orked or | < | WHILE NOT WHILE AT WORK | (AT HOME, STREET, PACTORY OFFICE | ARM EIC I | STREET | CITY OR TOWN | COUNTY STAT |
| NT: If them 21 is morked or | < | 220. I certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did no 22b) | ital) attended the deceased from | (0 = 17) YS_, or | DEGREE ATTENDING PHYSICIAN | to | _, 19.55, that (I) (we |
| IMPORTANT: If Hem 21 is morked or | 73a F | 22a.l certify that (I) (this hosp saw the deceased alive or above, (I) (we)(did) (did no | ital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 | VAME OF C | G 19 79 19 19 19 19 19 19 19 19 19 19 19 19 19 | , to/2-Zdeath occurred on the date and h | . 19 S , that (I) (we law ond from the couses state |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

No.

364046

| _ | | FOR |
|---|---|-----------|
| 1 | - | STATE |
| 1 | - | REGISTRAR |

STATE OF MARYLAND DEDARTMENT OF HEALTH AND MENTAL HYCITHE

| 6 33 | | 0.0 | |
|------|---|-----|---|
| 0 | 5 | 0 | 9 |
| | | | |

| 1 | SFATE REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO |). | |
|---------------|---|---|-------------------------|---------------------------------|---------------------------------|----------------------------|---------------------------------------|
| | CEASED NAME FIRST | WIDDLE | L | AST | 20. DATE OF DEATH | MONTH DAY YE | 20. 110 OK |
| 1 | Charl | es V. | Bon | d | Dec.19.1 | 985 | 250 |
| 3. SE) | X | 4. RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRT | | |
| | Male | White | Feb | .25,1952 YEAR | 33 | YRS MONTHS D | AYS HOURS |
| | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTR | V2 0 | D NEVER MARRIED XX | 9 BALTIMORE CITY O | | Н |
| Po | ortsmouth, Va. | USA | WIDOWE | | Baltimo | re City | |
| | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR | SING HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPATE | DN 12b. KII | ND OF BUSINESS |
| 100 | altimore | 1 West 221 | | Balto.Md. | Ticket | gent Gr | \$\found |
| 130.5 | TATE Tyland 13b COUI | OTHER INSTITUTION GIVE RESIDENCE BEF | ORE ADMISSION) OWN NOTE | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / | ZIP CODE 2nd.St.E | 21218 |
| JA, FA | THER'S NAME | MIDDLE LAST | | 15. MOTHER'S MAIDEN NA | WE | | 3200 111 |
| 1 | Elmer | Elson Bond | | Doroth | y P. | K- | insley |
| | VAS DECEASED EVER IN U.S. AF | MED FORCES? 166. SOCIAL SE | | 17 INFORMANT | ADDRE | | |
| - {Y | YES, NO OR UNKNOWN) (18 YES, GI | ve war or dates) 225-84 | -8214 | Mrs.Doroth | y P.Bond, | | above |
| | 18 CAUSE OF DEATH (Enter of | nly ane cause per line far (a), (b), | and (c).) | | | BETW | PROXIMATE INTERVA LEN ONSET AND DE |
| | PART I. DEATH WAS CAUSE IMMEDIA | TE CAUSE (0) LIVER | FAILUV | 2F | | (| Imos. |
| CERTIFICATION | Underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION | DUE TO, OR AS A CONSEG (c) A () U () CONDITIONS CONTRIBUTING TO | ODEATH BUT | | | 700 110 | NDINGS USED |
| E | 2-1 | | | | YES NO | YES 🗀 | NO 🗌 |
| | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | P.M. | DAY YEAR | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART T OR PAR | 1 2) |
| MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC | | 211 LOCATION STREET | CITY OR TOV | vn COUNT | Y STAT |
| | sow the deceased alive as | ital) attended the deceased from Dec 7 19 It) view the body after death. | 0.0 | d that in (my) (our) opinion of | deoth occurred an the da | te and hour and Iran | , that (I)(we the causes state |
| | 226. SIGNATURE Schean | m Breuson | | PHYSICIAN | MEDICAL STAF DIRECTOR PHYSIC | F D | - 20 - ST |
| | BERNARD | M BRANSON | uno | 101 W | RUAD ST | BALD | mort 2 |
| | BURIAL, CREMATION, REMOVAL | 23b DATE 23 | | EMELERY-OR CREMATORY | 23d LOCATION | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL retained by th

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remave corbon papers. Paga with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

McCully Funeral Home 339. E. Potas ber and. DEC 26 1985 The Davidson Rendell

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 3 3 3

| | | 1- | FOR STATE | | | DEPARTMENT OF P | HEALTH | | EDEATH | 3 3 | 3 | ١ | |
|---|--|-----------------|--|---|--|---|-----------------|--|----------------------------------|------------------------------------|--------------------------------|------------------|--|
| 1302 | | 1. DE | REGISTRAR CEASED NAME FOR PRINT) | FIRST | | WIDDLE | | LAST | 20 DATE KNOW | | DAY YEAR | 26 HOUR | |
| S NECESSARY, PLEASE FUNERAL DIRECTOR. | 72 HOURS | 3. SEX | LE | WEBST BLACK | ER LE | IA AGE (IN YEA | RS IF UN | | MIN. PRONOUNCED DEAD | 12 MONTH | 2 19 85 DAY YEAR 2 19 85 | 7d HOUR 8:58 | |
| NECESSAR FUNERAL 5 FOR YO | WITHIN | V ^{FO} | RTHPLACE (STA REIGN COUNTRY) rginia | ı | 76. CITIZEN OF WH | AT COUNTRY? | 8 MARR WIDOV | | | re City | TY OF DEATH | MD | |
| DELAY IS N TO THE FL | Se File | | Baltimo | re | 1220 E. | PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) LAFAYETTE A E RESIDENCE BEFORE ADMISSIC | ve. | IER INSTITUTION | Truck Dri | | HOSPIT | | |
| ALFOOR | | Ma | ryland | 1 13b. COUN | | Baltimor | e | | A | 1220 East Lafayette Ave. | | | |
| H 200 | | Ro | bert | | Lee | Boone | | Virgini | a. MIDDLE | | Ltehead | | |
| | DIVISION | 16a. V | Yes DECEASED Yes | EVER IN U.S. ARA | MED FORCES? | 16b. SOCIAL SECURITY | ' NO. | Wm.Johns | on Fun. Ho | me,Fra | anklin, | Va. | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITHOR THE WORD "PREDICAL EXAMINER ALONG VED TO THE CHIEF MEDICAL EXAMINER ALONG VED | RIAL-TRANSIT PERMI ID MENTAL HYGIENE, ION, OR REMOVAL | NO | Conditions gove rise couse (o) s lying cause | ITH WAS CAUSEI IMMEDIAT In if ony, which to immediate toting the under- e lost. | TE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c) | AS A CONSEQUENCE C |)F | | RT 1 to | | APPROXIMATI BETWEEN ONSE | T AND DEATH | |
| VITAL RE SHOULD ORD "PEI CHIEF A | BE USED A | CERTIFICATION | 190. DATE OF C | | | ION FOR WHICH OPER | | | | | 20 AUTOPSY | ? NO X | |
| ISION OF SETTIFICATE NG THE W | HOULD ARTME | MEDICAL CE | 210 EXTERNAL UNDERLYING CONTRIBUTIN 214 INJURY OF | OR G CAUSE OF D | DEATH P.M. | MONTH DAY YEAR 19 PFINJURY (ATHOME, | 211 LO | CATION | D LENTER NATURE OF INJURY IN ITE | M 18 PART 1 OR PA | RT 2) | | |
| = = ≥ ≤ | AGE 120 | W | WHILE AT WORK | | | ORY, FARM, ETC.) | | STREET | CITY OR TOWN | co | UNTY | STATE | |
| ICAL EXAMINER: THE CERTIFICATI | TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 | | 220. I certify death resulted ACTUAL SIGNATURE | | ral causes X | ribed obove, held on Accident . Sui | Autop | Homicide TITLE (SPECIFY) .D. Assistant | Undetermined monner | ond in my op , DATE SIGNE | 12-2-8 | 5 | |
| TO MEDI EXECUTE PAGE 4 | TO FUN AFTER DI BALTIMO | 23a BI | EXAMINER'S N (TYPE OR PRIN' | | M. Dixon | M.D. | AFTERY C | ADDRESS | Penn St., Bal | to., M | | | |
| 07/84 BP | | 24. FU | Buri | ial | 12-6-85 | Southvie | ew C | emetary 250 DATE R | Franklin, | | nia | TATE | |
| | H - 17 5 ME (5)) | Le | rốy 0. | Dyett | Fun Hör | ne 4600 L: | ib.H | ights Are | 5 1085 | 3 Dellasor | -francisco | | |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| ENE | 8 | 5 | 3 | 3 | 5 | B | 5 | |
|-----|---|----------|---|---|---|---|---|--|
| | | REG. NO. | | | | | | |

| ı | 1. | REGISTRAR | | | | CERTIF | ICATE OF DEAT | H | REG. N | 0. | | | |
|---|---------------|-------------------------------------|--|-----------------|------------------------|------------------|------------------------|-----------|----------------------------|--------------------------------|---------------------|--------------------------------|------|
| 1 | | CEASED NAME | FIRST | , | MIDDLE | A | AST | | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR | 0 |
| 1 | litre | OR PRINT) | Hodre | y | F. | 1000 | 20 | | | 12 2 | 85 | 1:54 | /M |
| 1 | 1. SEX | | 6.6 | ACE. | . / . | 5 DATE C | OF BIRTH | EAR | 6. AGE (IN YEARS LAST BH | | UNDER I YEAR | IF UNDER 24 H | IRS |
| 1 | 2 | Male | | u | hite | 6 | | 3 | 50 | YRS | TIMS DATS | HOURS M | 11.0 |
| 1 | C | RTHPLACE (STATE OR COUNTRY) | FOREIGN 7b | CITIZEN OF | S # | MARRIE WIDOWE | NEVER MARRI | _ 1 | 9. BALTIMORE CITY O | THE P | F DEATH | y | MD. |
| 7 | | TY OR TOWN OF DE | ATH 11. | | | NG HOME C | OR OTHER INSTITUTE | | 120 USUAL OCCUPAT | ION | 126. KIND C | F BUSINESS | - |
| 4 | | Baltimo | ise | (IF NOT IN SUC | HEACILITY, GIVE STREET | 1705 D | ita/ | | Salesman | | Ste | el Co | |
| - | USUA 13a S | AL RESIDENCE (IF NUR | | ER INSTITUTION. | GIVE RESIDENCE BEFOR | | 1 13d. INSIDE CITY LIA | AITCO | 13e.STREET ADDRESS | | / | | |
| 4 | 34 | Md. | Harfo | rd | Bela | | YES NO | | 528 11 | plezio | od D | P ,210 | 14 |
| 1 | IIL FA | THER'S NAME | MIDE | | LAST | | 15. MOTHER'S MAI | DEN NAM | AE MIDDLE | | | | |
| u | | Elmer | MIDE | JIE . | Booz | e | FIRST | E. | lsie | | Cla | gett | |
| ì | | AS DECEASED EVER | IN U.S. ARMEI | | 166 SOCIAL SECU | JRITY NO. | 17 INFORMANT | | ADDR | | | | |
| 1 | 1, | no | (# 165, 0172 W | AN ON DATES) | 212-32 | -9780 | Rosa E | 300Z | e (wife) | same a | addre | SS | |
| Ī | | 18. CAUSE OF DEAT | TH (Enter only o | ne cause per | line far (a), (b), gn | id (c1.) | . 1 | | + | | APPROX. | MATE INTERVAL ONSET AND DEA | TH |
| ı | | PART I. DEATH V | IMMEDIATE C | | Cardio | 1851 | DIFGIOIS | arr | 159 | | | | |
| 1 | | 0.54 | | DUE TO, OI | R AS A CONSEQU | ENCE OF | . / | | | | | | |
| 1 | | Canditians, if any | | (b) | Mul | Tip/ | e Myelo, | na | | | | | |
| 1 | | gave rise to im cause (a), stati | ng the | DUE TO, OF | R AS A CONSEQU | ENCE OF | / | | | | | | |
| 1 | | underlying causi | e last. | (c) | | | | | | | | | |
| 1 | _ | PART 2 OTHER SIG | NIFICANT CON | UDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO TO | HE TERMI | INAL DISEASE OR CON | DITION GIVEN | IN PART I | 3 | |
| 1 | CERTIFICATION | | | | | | | | | | | | |
| 1 | ICA | 194 DATE OF OPERA | TION | IN CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED |) | Mr. AUTOP5Y7 | 20h, IF YES, V IN CERTIFYIN | | | |
| 4 | # I | | | | | | | | YES NO | YES | to f | NO [| |
| 1 | 022 (7) | ON CONTRIBUTING [] | Total . | 11b TIME O | | AY YEAR | SIF HOM INTURY | OCCURR | ED: Envire marture on must | MY DO USIN LE PART | 1 04 FART 21 | | |
| 1 | CAL | HE ETHER, NOTEY WED | CALEXAMPER) | P.1 | M | 19 | | | | | | | |
| ١ | MEDICAL | 214 PAJURY OCCUR | | 21st PLACE O | OF INJURY | GARM, ETC.) | 211. LOCATION | | cerosis | pare | COUNTY | STATE | |
| 1 | - | AT WORK AT WE | net [] | | the weathern the | COMPONED! | 10 | - | | 14 | 00 | | |
| 1 | | 27x I certify that (I | State of the state | attended the | n deceased from_ | 00 | 19 | 82 | -10-12 | 10 | THE PERSON NAMED IN | that (I) (we) | |
| 1 | | above, (1) (we) | ied alive an_ did1(did not) v | o- the legaly | after dnoth. | 85 0 | nd that in (my) (aur) | артноп д | leath occurred on the d | latir and hour a | nd from the | couses stated | |
| 1 | | 276 SIGNATURE | .6 | 29 | 11.00 | 2 | DEGREE | na. | MEDICAL STA | | 771: DATE | SIGNED | - |
| Ы | | guy | 5000 | regery | acce mi | | ATTEN PHYSI | | MEDICAL STA | CIAN | 13 | 10/50 | |
| П | | 224 PHYSICIANS | AME THE GEN | | 1 | | TE ADDRESS | • F | 11 - 1/ | | | | |
| | | 1 HOP | ge F. | CON | zalez, M | Dr | 211 | 191 | 1705/1791 | The same | | | |
| 1 | 23a B | URIAL, CREMATION | , REMOVAL | 236. DATE | | | EMETERY OR CREMA | | 23d. LOCATION | | OUNTY | STATE | |
| | - 1 | Burial | | 12/6 | /85 B | elAi | r Mem. G | arde | ens Bal | timore | | Md | |
| 1 | 24. FU | INERAS CHETANU | inek Fi | nera | l Home, | Inc. | | 250. DATE | REC'D. BY REGISTRAF | | R'S SIGNAT | | |
| 1 | | 9705 E | Belair | Rd., | Balto. | Md. | 21213 | U | TO 9 1905 | 0 | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR

| 346108 | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
|--|--|--|--|---|---|
| 0 46 100 | 1. DECEASED NAME FIRST | WIODLE | LAST | 20 DATE OF DEATH MONTH, D | AY YEAR 26. HOUR |
| e P | JOHN | HOWARD | BORLEIS | 12/9/8 | 5 2:40PM |
| (ou de | 1 SEX | 4 RACE | 5. DATE OF BIRTH | | FUNDER I YEAR IF UNDER 24 HRS. |
| A 915 | MALE | WHITE | MARCH 19, 1909 | 76 YRS " | ONTHS DATS HOURS MIN. |
| 4 32 66 | TE BIRTHPLACE (STATE OR FOREIGN | 75 CITIZEN OF WHAT COUNTRY? | MARRIED X NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| A CG | MARYLAND | U.S.A. | WIDOWED DIVORCED | BALTIMORE CITY | M |
| 1 11 8/1/ | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | G HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 12b. KIND OF BUSINESS O |
| to 25 /8/ | BALTIMORE | UNION MEMORIAL | HOSPITAL | CLERK | SUGAR |
| 2 53 27 | USUAL RESIDENCE (IF NURSING HOME OF | | E ADMISSION) /N 113d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE | |
| 4 47 10 | MARYLAND BAL | TIMORE 13t. CITY OR TOW 2123 | YES NO 🔀 | 130.STREET ADDRESS / ZIP CODE 1724 WHITE O | AK ROAD 212 |
| 1 10 00 | A FATHER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | ME | LAST |
| 7 16/20 | JOHN H | ENRY BORLEIS | | | CHMEISER |
| 25 50 | DECEASED EVER IN U.S. A | IVE WAR OR DATES! | | ADDRESS | 21214 |
| 1 | NO - | 212-09-6 | 5525 JOHN H.BOR | LEIS, JR. 6108 F | AIROAKS AVI |
| 1 | 18 CAUSE OF DEATH (Enter of | inly one couse per line for (a), (b), on | dici | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| (fill | PART I. DEATH WAS CAUS | TE CAUSE (O) CARDIO | - PHLMUNARY | ARREST | |
| | M 197 | DUE TO, OR AS A CONSEQUE | ENCE OF | | |
| dea dea | Conditions, if any, which gave rise to immediate | 1 16) CARCIN | OMATOSIS | | |
| 2 2 1 2 | cause (a stating the | DUE TO, OR AS A CONSEQUE | ENCE OF | . 1 | |
| thoi d by lease in or, o | underlying couse lost. | MULTI | PLE MYELON | N AF | |
| 2000 | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVE | N IN PART I O |
| 1 1 1 1 | HE DATE OF OPERATION | Tith CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b IF YES. | WERE FINDINGS USED |
| 5 5 5 5 | 1/20/85 | | | IN CERTIFY | ING CAUSES OF DEATH? |
| 49 11 1 | Tia ACCIDENT WAS UNDERLYING | 218. TIME OF INJURY | PACTURE LAFT HUME | RED (ENTER NATURE OF INJURY IN ITEM 18 PA | |
| NA STATE OF THE SECOND | OR CONTRIBUTING CO CAUSE OF IN | HOUR A.M. MONTH DA | AY YEAR | VED (ENIER MAIDRE OF INJURY IN HEW IR PA | RIIORPARIZ) |
| X 1 5 6 3 4 / | 214 INJURY OCCURRED | | 21f. LOCATION | | |
| T P T P P | TI MANUAL TI MANUAL TI | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F | | CITY OR TOWN | COUNTY STATE |
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| A P P P P P P P P P P P P P P P P P P P | 37s I certify that It this has | | November 31, 19 8 S | deoth occurred on the date and hour | 9 S, thor(1) (we) los |
| E # E 6 2 5 | | at the body ofter death. | DEGREE | deoth occurred on the dote one hour | |
| 7 0 0 2 1 5 | | | | | |
| the house of the h | 17h INGNATURE | 11/2 | ATTENDING | MEDICAL STAFF | 22c. DATE SIGNED |
| ITALOR A by the too BAL DIREC detached Aut. II bear | Lauro Same | Lifell | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAL | 12/9/85 |

FOR

REGISTRAR

- STATE

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DHMH - 16 60M 7/84

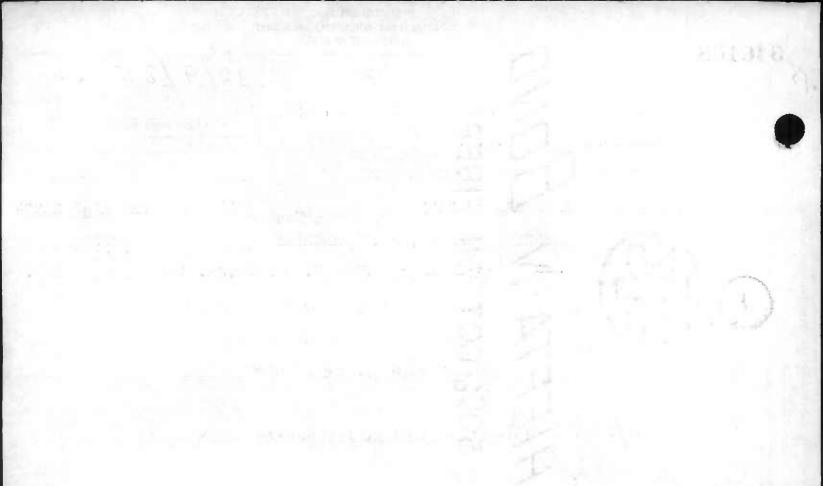
(VRA 15, 4)

22c. DATE SIGNED THE BURIAL CREMATION, REMOVAL 23d LOCATION BURIAL CITY OR TOWN 85 PARKWOOD CEMETERY BALTIMORE DEC 1 1985 24 FUNERAL DIRECTOR JOHNSON8521 LOCH RAVEN BLVD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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marked or Item 18 shows any

TO FUNERAL DIRECTOR: Afti should be detached for use as with the State Dept of Health IMPORTANT: If Item 21 is

DHMH - 16 60M 7/B4 (VRA 15, 4)

ST LTE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | REGISTRAR | | CEKT | FICALE OF DEATH | REG. NO. | | | | |
|---------------|--|--------------------------|--|--|---|---|-------------------------------|--|--|
| | CEASED NAME FIRST | | BIDDIE | LAST | 20 DATE OF DEATH MON | | 26 HOUR A | | |
| | E OR PRINT) | a Vi | rginia L | Bosse | December 1 | | 9:40 M | | |
| 3. SE | | 4 RACE Whit | | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDA | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. | | |
| | Female | | - | 7 th °4 '600 | 85 | YRS | | | |
| Jan. | TRYHPLACE (111-11 OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? 8 MARR | HED NEVER MARRIED | 9 BALTIMORE CITY OR CO | | | | |
| | Maryland | 4.5 | | WED XX DIVORCED | Baltimore | U | MD. | | |
| 10 C | Baltimore | I PNOT IN SM | HOSPITAL, NURSING HOME THE FACILITY GIVESTREET ADDRESS OUT ONKING | Street | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO | | Home | | |
| 134/ | AL RESIDENCE IN NURSING HOME STATE 136 COL anyland | | GIVE RESIDENCE BEFORE ADMISSION 131. BUTY OR TOWN BOLLIMORE | YES KOK NO [| | ling St. 2 | 1224 | | |
| 14 F/ | Charles | WIDDIE | Tolson | 15 MOTHER'S MAIDEN NA Sadie | WIDDLE | Joi | nes | | |
| 160 | WAS DECEASED EVER IN U.S. A | ARMED FORCES? | 166 SOCIAL SECURITY NO | | ADDRESS | | 21219 | | |
| | (YES, NO OR UNKNOWN) (IF YES, C | | 215-22-9946 | Garnetta V. | Staigerwald 92 | 203 (uckoli | d Pt. Rd. | | |
| | APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF (c) | | | | | | | | |
| TION | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 196. COND | ITION FOR WHICH OPERAT | ION WAS PERFORMED | 200 AUTOPSY? 20 IN | IF YES, WERE FIND I CERTIFYING CAUSES YES [| NGS USED S OF DEATH? | | |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C | CAIR | FINJURY M. MONTH DAY YEA M. 15 | R | RED (ENTER NATURE OF INJURY IN | ITEM 18 PART OR PART 2} | | | |
| MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE (AT HOME ST | OF INJURY REET, FACTORY, OFFICE, FARM. ETC.) | 211. LOCATION STREET | CITY OR TOWN | COUNTY | STATE | | |
| | 220.1 certify that (I) (this hospital) attended the deceased from 7, 19, 19, to 1, 19, 19, that (I) (we lost sow the deceased alive on 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, | | | | | | | | |
| | 220 SIGNATURE DESCRIPTION S NAME AVE | C FAIR | sels m | DEGREE ATTENDING PHYSICIAN 220 ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 101 | 18/85 | | |
| | JOSE SIL OS | . 4/00 | 211/0 | 208 170 | end 7110 | allerno () | WK 2124 | | |
| | BURIAL, CREMATION, REMOVA (SPECIFY) Burial | 236 DATE 12-19 | -85 Sacreo | CEMETERY OR CREMATORY | 23d LOCATION Oundalk | Balto Co., 1 | Nd. STATE | | |
| | uneral director harites S. Zeile | r & Son | | 250. DA | TE REC'D. BY REGISTRAR 256. | RECISION AND A | Herbone | | |
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TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physicis should be detached for use as the buriol-tronsit permit. Then please remove carbon poper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removed upper State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removed the State Dept. On the stroumstic event, which states the property of the proper

DHMH - 16 50M 1/81 (VRA 15, 4)

| | 1 - | STATE REGISTRAR | | DEPAR | | ICATE OF DEAT | | REG. | NO. | 9 | .J / |
|---|---------------|--|--|----------------------|----------------|---|--------------|--|-----------------------|---------------------|------------------------------------|
| | | CEASED NAME FIRST | | R. | | Boteler | | DATE OF DEATH | | 7 - 85 | 26 HOUR 8:21 F |
| 7 | 1 | emale F | 4 RACE | White | S. DATE C | DAY YE | 25 | AGE (IN YEARS LAST I | YRS. | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| 4 | (| RTHPLACE (STATE OR FOREIGN TOWN OF DEATH | U | S A | WIDOWS | DE NEVER MARRIED DIVORCE | ED 🗌 | BALTIMORE CITY Baltimore CITY Baltimore CITY | Utin | rare | MD PE BUSINESS OR |
| | UsUA | Baltimore AL RESIDENCE LIF NURSING HOME OR | (IF NOT IN SUC | SIVE RESIDENCE BEF | ORE ADMISSION) | 7 | (| Machine | Opera. | tor God | d Humor |
| 2 | Ma | aryland 136 COUNTY A | | Baltimo | ore | 13d. INSIDE CITY LIA YES NO | | 221 Sout | herly | Road | 21225 |
| 4 | | Frank | WIDDLE | Sieke | | Ethel | DEININAME | WIDDLE | DEGG | Man | sel |
| 2 | | VAS DECEASED EVER IN U.S. ARI (ES NO OR UNKNOWN) (IF YES, GIV | E WAR OR DATES) | 214-20- | | Roland | Botel | er, Same | | | |
| | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OI DUE TO, OI DUE TO, OI | R AS A CONSEC | DUENCE OF | yocardi | Arra | marct | 70n | | IMATÉ INTERVAL DNSET, AND DEATH |
| | CERTIFICATION | PART 2, OTHER SIGNAFICANT C | 196 CONDI | naly TION FOR WHI | en | N WAS PERFORMED | - 1 | 200 AUTOPSY? | 20b. IF YE IN CERT | MERE FINDING CAUSES | GS USED |
| - | MEDICAL CE | 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | HOUR A.I | M. MONTH M. | 19 | 211 LOCATION STREET | OCCURRED | CITY OR 1 | | PART I ORPARI ?} | STATE |
| | | 226 I certify that (ILThis hospits sow the decrossed alive on obove, (I) (A) (did) (did not 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OF ARMANUO) | for L PRINTI Hod | after death. | 85 ar | 22e ADDRESS 300(5. | DING CIAN DE | MEDICAL ST. DIRECTOR PHYS | AFF ICIAN [] | 22c. DATE | SIGNED |
| | (| URIAL, CREMATION, REMOVAL SPECIFY) Burial | Dec. 1 | 1,1985 | | aven Mem. | Park | Glen Bu | | AAT | MDTATE |
| | 24 FU | James S. Ki | rkley, (| Glen Bui | nie, M | | OEC | EC.D BY BECKER | R 25h. REGIS | IRAR'S SIGNAT | VRE |

STATE OF MARYLAND

365140

3

FOR - STATE REGISTRAR I DECEASED NAME

Male

Maryland

Baltimore

TO BIRTHPLACE I STATE OF FOREIGN

0 CITY OR TOWN OF DEATH

LOUIS

J.

76 CITIZEN OF WHAT COUNTRY?

12/27/85

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

Burial

24 FUNERAL DIRECTOR

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

White

USA

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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MARRIED NEVER MARRIED

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BOTHE

5 DATE OF BIRTH

MONTH

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NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Wilhelm Street,

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| "And" | drole. | |
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| | REG. | NO |

BALTIMORE CITY OR COUNTY OF DEATH

2e. DATE OF DEATH

6. AGE (IN YEARS LAST GIRTHDAY)

86

Baltimore

12a USUAL OCCUPATION

Laborer

TYPE OF WORK FOR MOST OF WORKING LIFE

Glen Burnie

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| | Z | P | with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval. | MPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, the medical experiment from the contractions of the state of t |
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

should b

DHMH - 16 60M 7/B4 (VRA 15, 4)

| 7 | Mary | land | | Baltimore | YES NO | 2024 Wilhe | Im Street, | 21223 |
|---|------------------------|--|------------------|---|---------------------------------------|--------------------------|---|--|
| 1 | A FATHER'S | | DLE | Bothe | IS. MOTHER'S MAIDEN NAME Herrietta | WIDDLE | Bra | ndell |
| - | | EASED EVER IN U.S. ARME UNKNOWN) (18 YES GIVE W | | 166 SOCIAL SECURITY NO. 214-03-7413 | Paul J. Bothe | , 3826 St. | Margaret. | Street ²¹²²⁵ |
| | 18 CAU | ISE OF DEATH (Enter only IT I. DEATH WAS CAUSED INMEDIATE) | 3Y | the o Sel | erstic Card | eo Varus | Par BETW | ROXIMATE INTERVAL EEN ONSET AND DEATH |
| | gave cause under | | (b) DUE TO, O | r as a consequence of | NOT RELATED TO THE TERMIN | | | T lia |
| 1 | RTIFICATION | E OF OPERATION | 196 COND | ITION FOR WHICH OPERATION | N WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FIN IN CERTIFYING CAU YES | |
| 1 | 210 AC | TRIBUTING CAUSE OF DEATH LER NOTIFY MEDICAL EXAMINER) | | FINJURY M. MONTH DAY YEAR M. 19 | 216 HOW INJURY OCCURRED | O (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I ORPART | 2) |
| | ш | URY OCCURRED NOT WHILE AT WORK | 21e PLACE | OF INJURY REET FACTORY, OFFICE FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | wn COUNTY | STATE |
| | sav | | | after death. | , 19 | | ite and hour and fram | |
| | | rsician's name (type or pi Baskaran | RINT) | | 220 ADDRESS St. Agnes Med | | | |
| | 23a. BURIAL, | REMATION, REMOVAL | 23b. DATE | 23c. NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | |

Glen Haven Mem. Park

STATE OF MARYLAND

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HOSPITAL OR ATTENDING PHYSICIAN: The low

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE UTITAL LAUTOT DAWEN

CEDTIFICATE OF DEATH

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| 1 | | REGISTRAR HELEN | LOUISE BOWEN | CERTIFIC | AIL OI DLAIN | REG. NO. | | |
|---|---------------|---|--|--|-------------------------------|--|---|--------------------|
| | | EASED NAME | WIDDIE | LAST | | 20. DATE OF DEATH MO | NT 2 DA 27 YEARS | 26 HOUR |
| 1 | (IANE | Meler | 1 Louise | 1500 | wen | 12 | - 27 85 | 1100Am |
| 1 | 3. SEX | ,,,,,, | 4 RACE | S. DATE OF | PARTH DAY 29 YEAR 21 | AGE (IN YEARS LAST BIRTHDA | | IF UNDER 24 HRS |
| | 1 | Female | Chite | MONTH | 29 2 YEAR 21 | 64 | YRS DAYS | HOURS MIN. |
| | | THPLACE ISTATE OF FOREIGN | 76. CITIZEN OF WHAT COUNTRY | 8 AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | NEVER MARRIED | BALTIMORE CITY OR C | OUNTY OF DEATH | |
| 2 | | Rhode Island | u.s.A. | WIDOWED [| DIVORCED [| 150/4 | City | MD. |
| 3 | 5 | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | ADDRESSIA | | 12a USUÁL OCCUPATION (TYPE OF WORK FOR MOST OF WO | ORKING LIFE) . INDUSTRY | BUSINESS OR |
| | - form | Baltimore | Universit of M | | Hospital | Housewife | Own ' | Home |
| 3 | 13a S | TATE 13b. COU | - 1 | our () | | 3. SIRFFI ADDRESS / ZI | P CODE len Drive | 21229 |
| | 14 FA | THER'S NAME | MIDDLE | 15 | MOTHER'S MAIDEN NAM | MIDDLE | | |
| | | - Thomas | (Winn | | Etta | С. | y c | oung |
| | | AS DECEASED EVER IN U.S. AF | IVE WAR OR DATES! | | 1. INFORMANT | ADDRESS | | .4 |
| | | No | 035-18- | 3255 | Leonard F. E | Bowen Sr. | Same as # | † 13 |
| | | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE | nly one couse per line for (a), (b), o | nd (c). | 1 | | APPROX BETWEEN | ONSET AND DEATH |
| | | | TE CAUSE (0) Cave | lac | Arrest | | | |
| | | | DUE TO, OR AS A CONSEQU | IENCE OF | | | | |
| | | Conditions, if ony, which | (1b) SE | 1515 | | | | |
| | | gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | |
| | | underlying couse lost | (c) Men | 917 4 | encephal 14 | 18 | | |
| | _ | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NO | OT RELATED TO THE TERMIN | AL DISEASE OR CONDIT | ION GIVEN IN PART 1 | 0 |
| | CERTIFICATION | (oronary | Artery deca | 121 | Hepaketes | | | |
| | ICA | 190. DATE OF OPERATION | 19b. CONDITION FOR WHICH | HOPERATION \ | WAS PERFORMED | 200 AUTOPSY? | Ob. IF YES, WERE FIND IT N CERTIFYING CAUSES | OF DEATH? |
| | ET | 14/27/85 | (40 | l a | | YES NO | YES 📋 | NO P |
| 1 | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE | | AY YEAR | Ic HOW INJURY OCCURRE | D (ENTER NATURE OF INJURY IN | HITEM 18 PART I OR PART 2) | |
| | CA | (IF EITHER NOTIFY MEDICAL EXAMINE | P.M. | 19 | | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | | If. LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | | AT WORK AT WORK | | - | 101 50 | - 13 17 | 7 0:= | 2.70 |
| | | | oitol) ottended the deceosed from | 25 ond | 19 6 | , 10 | | that (I) (we) last |
| | | sow the deceased alive or (we) (did) (did no | | | that in (my) (our) apinion de | eath accurred on the date | | |
| | | 22b. SGNATURE | | OE: | GREE ATTENDING | MEDICAL STAFF | 22c. DATE | SIGNED |
| | | July . | Kaphy | WY | PHYSICIAN [| DIRECTOR PHYSICIAN | | - 1882 |
| | | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT | 1 | ADDRESS | Ba II Ba | ltimore, Mi | D. |
| | | 100V | n Kag v | (eh) | Univ of | MM HOS | 0 225 | Greens |
| | 23a. B | URIAL, CREMATION, REMOVAL | THE CONTRACTOR OF THE CONTRACT | | | 23d. LOCATION | COUNTY | STATE |
| | | rial | 12/30/85 N | leadowri | idge Memorial | Park Dorse | LU | Maryland |
| | 24Le | HERY DIFECT & RUSSE | el C. Witzke DEMY | eral Ho | mes P.A. 250. DATE | REC'D. BY REGISTRAR 251 | REGISTRANSISIGNA | URE |
| | 16 | 30 Edmondson A | verue, Catonsvil | le, MD. | 21228 JAN | 2 7880 9 | | • |

DHMH - 16 50M 4/B3 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending bishould be detoched for use as the buriol-transit permit. Then please remove corbinity with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remover.

12 L 37 X DANS THE CAN (a river species Mary - as employed 745 - 1/2/L 15 -15 1 TO 15 -38 1 20/5/ 1 TO 150 an What I had Line year wall drove when you want

MPORTANT: If Item 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

| STATE OF MARYLAND |
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| DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| CERTIFICATE OF DEATH |

| ١ | FOR STATE REGISTRAR | DI | | EALTH AND MENTAL HYC | GIENE REG. NO | 0 0 0 | | |
|-----|--|---|-----------------|-------------------------|--------------------------------|---------------------------|-------------------------|--|
| 1 | 1. DECEASED NAME FIRST | WIOOFE | 1 | AST | 20 DATE OF DEATH MON | TH DAY YEAR | 2b HOUR | |
| 1 | (TYPE OR PRINT) Carr | ie | Ba | wers | 12/12/ | 85 | 3: 20 AM | |
| 1 | 3. SEX | 4. RACE | 5 DATE C | | 6 AGE (IN YEARS LAST BIRTHOA | | | |
| ı | Formale | Cancago | n 7 | 28 01 | 84 | VRS DAYS | HOURS MIN. | |
| 1 | BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COL | JNTRY? 8 | | 9 BALTIMORE CITY OR CO | 11101 | | |
| V | Maryland | USA | WIDOWE | D NEVER MARRIED D | Baltimore (| City | MD. | |
| - | III CITY OR TOWN OF DEATH | | | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 12b KIND (| OF BUSINESS OR | |
| / | Baltimore | Mercy Hosz | ental Bo | ilto hu | Homemaker | DRKING LIFE) INDUSTRY | | |
| 1 | USUAL RESIDENCE (IF NURSING HOME C 13a STATE 13b COL | JNTY 13c. CITY | | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIE | | | |
| 2 | Maryland | Balt | imore | YES 🔀 NO 🗌 | 1933 Breitwe | ert Avenue | 21230 | |
| H | 14 FATHER'S NAME FIRST | | AST | 15 MOTHER'S MAIDEN NA | WIDDIE | LA | iST | |
| 4 | Henry | Sonnenleiter | | Mary | | Beckma | n | |
| 160 | 160 WAS DECEASED EVER IN U.S. A | SIVE WAR OR DATES) | AL SECURITY NO. | 17 INFORMANT | ADDRESS | | | |
| | No | 215- | 05-5037 | George G. B | owers, 6614 H: | | enue, 21227 | |
| 1 | 18 CAUSE OF DEATH (Enter of | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY. | | | | | | |
| 1 | | IMMEDIATE CAUSE (0). UYO SEPSAS | | | | da | 40 | |
| | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | |
| 1 | Conditions, if ony, which | | | | | | | |
| 1 | cause (a), stating the | | | | | | | |
| | underlying cause last | underlying cause last | | | | | | |
| | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 | | | | | | |
| | | chrane of | whenter | ~ pulmonen | y disease | | | |
| 7 | 10. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196. CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | O 20a AUTOPSY? / 201 | IF YES, WERE FINDS | NGS USED S OF DEATH? | |
| < | ET & | | | To how him a con- | YES NO | YES 🗌 | NO 🗌 | |
| N | OR CONTRIBUTION CALLET OF DE | 110110 4 44 44041 | TH DAY YEAR | 216. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN | (TEM IS PART I OR PART 2) | | |
| | (IF EITHER NOTIFY MEDICAL EXAMIN | ER) P.M. | 19 | | | | | |
| 1 | 21d. INJURY OCCURRED | 21e PLACE OF INJURY LAT HOME STREET, FACTORY, | | 21f LOCATION STREET | CITY OR TOWN | COUNTY | STATE | |
| | NOT WHILE AT WORK | | 1.2 | | 15/10 | · · · | | |
| | 22a.1 certify that (1) (this has saw the deceased alive a | 1 - 1 1 | 1 from | 17 19 8 | death occurred on the dote of | , 19 0 3 , | , that (I) (we) last | |
| | abave, (I) (we) (did) (did n | nat) view the bady after death | 1. | 1 | dealli occurred on the bole o | | | |
| | 278. 51GHQ1U10 | T | K- | DEGREE | MEDICAL STAFF | / 2 | SIGNED | |
| | THE PHYSICIAN'S NAME (TYPE | Joseph | 1). | - MPHYSICIAN [| DIRECTOR PHYSICIAN | 12 | 10/83 | |
| | I HA PHESICIAN S NAME (TYPE | | 1 100 | 22e ADDRESS | 1-1 21010 | 1001 | | |
| _ | (19) | UN JUSEPH | ICIM | Newcy Hospi | | w, balto, | m) | |
| | 230 BURIAL, CREMATION, REMOVA | | | EMETERY OR CREMATORY | 236 LOCATION CITY OR TOWN | COUNTY | STATE | |
| | Burial V | 12/16/85 | Baltim | ore National | Baltimore | | Maryland | |
| | 24 FUNERAL DIRECTOR | A ⁱ | DDRESS | 1.6 | TE REC'D. BY REGISTRAR 25b. | | | |
| | Hubbard Funeral | Home, 4107 Wi | lkens Ave | entités U | EC 13 1985 | min well door- | Malorec | |

| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the details can income be executed within 24 from other death. Pager 2 may be retained by the hospital or otherding physicion. | TO FUNERAL DIRECTOR, After this certificate has been signed by it entitlinding hysticion and campletely filled in the himsol director page 3 should be detached for use as the burial-transit permit. Then please it with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. |
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| DIVISION OF VITAL RECORDS, 201 | TO HOSPITAL OK ATTENDING PHYSICIAN: The low requires the retained by the hospital or attending physician. | TO FUNERAL DIRECTOR. After this certificate has been signed by its entiringing invascing should be detached for use as the burial-transit permit. Then please it with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 175 REGISTRAR | | CERTIFICATE OF DEAT | H REG. NO. | |
|--|----------------------------------|--------------------------------|--|---|
| (TYPE OR PRINT) | WIDDIE | Renacion | 20. DATE OF DEATH MONT | 17 85 0-50 |
| 1 SEX CO | 4 RACE | S. DATE OF BIRTH | 6. AGE (INYEARS LAST BIRTHDAY) | |
| 7 | (W | | EAR / V / | MONTHS DATS HOURS MIN. |
| To BIRTHPLACE INTAIL OS COREGO | 76 CITIZEN OF WHAT COU | 100 | 9 BALTIMORE CITY OR CO | |
| 30 MD | U51 | WIDOWED DIVORCE | | Cty MD. |
| MECTY OR JOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE | URSING HOME OF OTHER INSTITUTI | ON 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR | 176 KIND OF BUSINESS OR |
| USUAC RESIDENCE IN NURSING HOME | WALV & | EBFORE ADMISSION) | Dapriv | 1501 Ederemoon |
| 13a STATE | JNTY N 131 CITYO | | -/! | CODE AVE 2/13016 |
| FATHER'S NAME | ROLE DIDA | 15 MOTHER'S MAI | DEN NAME MIDDLE | Humiller |
| 160 WAS DECEASED EVER IN U.S. A | | L SECURITY NO. 17 INFORMANT | ADDRESS | /same As |
| TYES, NO OR UNKNOWN) (IF YES, C | SIVE WAR OR DATES) 218- | 01 7754 JAM8 | s Bowerso | X (ABOVE #1 Po |
| 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | only one couse per line for (a), | (b), and icil | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 0 | ATE CAUSE (0) | urdian Hoves | T . | |
| ig of its | DUE TO, OR AS A SON | | da America | |
| Conditions, if ony, which gove rise to immediate |) | | vta Anewysn | |
| couse (a), stating the underlying couse last. | DUE TO, OR AS A CON | sequence of pathy | | |
| | CONDITIONS CONTRIBUTIN | | he terminal disease or conditio | N GIVEN IN PART 110 |
| 19a DATE OF OPERATION 12 12 13 ACCIDENT WAS UNDERLYING | 196 CONDITION FOR V | VHICH OPERATION WAS PERFORMED | 200 AUTOPSY? 206 | IF YES, WERE FINDINGS USED |
| IZ IZ B | - 8 wohow | 0 11 1 | | CERTIFYING CAUSES OF DEATH? YES NO NO |
| 210. ACCIDENT WAS UNDERLYING | | H DAY YEAR 216 HOW INJURY | | |
| OR CONTRIBUTING CAUSE OF D | TAIN | 19 | | |
| 21d INJURY OCCURRED | 218 PLACE OF INJURY | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| AT WORK | | | | |
| | pital) attended the deceased | | 85 10 2030 12 17 | 19 83 , that (I) (we) last |
| | not) view the body ofter death | To the movin (my/ (ost) | opinion death accurred on the date or | |
| | / | DEGREE | DING MEDICAL STAFF | 221. DATE SIGNED |
| SIGNA URE | | | | 2 11 1 1 1 1 1 1 |
| = - - - | wognes) | PHYSI | CIAN DIRECTOR PHYSICIAN | 110117173 |
| = \ | | PHYSI 27e ADDRESS | CIAN DIRECTOR PHYSICIAN | 12(17)8 |
| MANUAL STATE | ORPRINT) | 22e ADDRESS | v. of MO | 1850 |
| Jahn | ORPRINT) | | v. of MO | 1850 RATEM |

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ed in by the funeral director, page 3 d be filed within 72 hours after death

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| DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALLIMOKE, MARTLAND 212 | The |
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| STATE OF MARYLAND | |
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| DEPARTMENT OF HEALTH AND MENTAL | HYGIENE |
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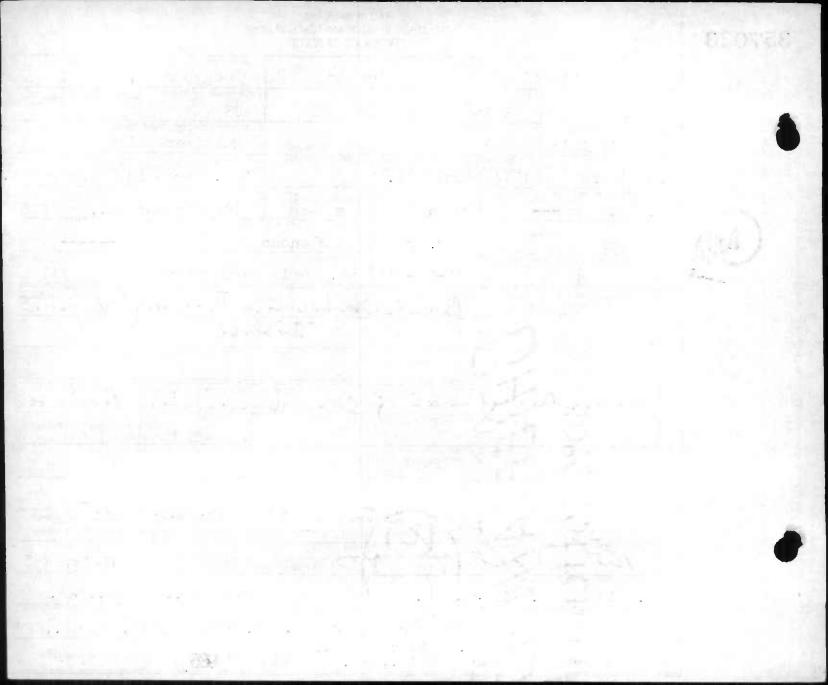
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| 1- | FOR STATE REGISTRAR | | | | | EALTH AND MENTAL HYG CATE OF DEATH | | G. NO. | 0 | 7 17 | |
|---------------|--|---------------------|-------------------|---|-------------------|---|----------------------|----------------------------------|-----------------|--|-----------|
| | EASED NAME | FIRST | | MIDDLE | LA | ST | 20. DATE OF DEA | | | 26. HOUR | |
| (TYPE | OR PRINT) | Fiel | ding | | Во | wler | Decen | , | 1985 | 7 PM | ٨ |
| 3. SE> | (| | 4 RACE | | 5. DATE O | | 6 AGE (IN YEARS LA | | UNDER I YEAR | IF UNDER 24 HRS. HOURS MIN | - |
| | Male | | Whi | te | 3/2 | 10/1902 YEAR | 83 | YRS | | THE STATE OF THE S | |
| | RTHPLACE (STATE OF DUNTRY) Virg | | 76 CITIZEN OF | WHAT COUNTRY? | MARRIED WIDOWE | NEVER MARRIED | | iy <u>or</u> countyo imore Ci | | ME | <u>).</u> |
| 10. CI | TY OR TOWN OF D | | 11. NAME OF | HOSPITAL, NURSING | HOMEO | ROTHER INSTITUTION | 12a. USUAL OCCU | JPATION AOST OF WORKING LIFE) | INDUSTRY | F BUSINESS OR | |
| E | Baltimor | е | 1514 | Locust S | t. | | Ret. 1 | Mechanic | | Frace C | 0 |
| 13a. S | AL RESIDENCE (IF NO STATE LTYLAND | 136 COU | OTHER INSTITUTION | Baltimo | 1 | 13d. INSIDE CITY LIMITS? YES X NO | | Locust | St., | 21226 | 5 |
| 14 FA | THER'S NAME Carl | | MIDDLE | Bowle | r | Blanch | е | DOLE | LAS | ST | |
| 16a. V | VAS DECEASED EVE | RIN U.S. AF | MED FORCES? | 166 SOCIAL SECUR | | 17 INFORMANT | | ADDRESS | | 11 4 7 | |
| T, | TO OR GIARACTIA | (IF 7E3, G14 | L WAR OR DATES) | 217-07- | 3132 | Ms. Doris | Overhou | iser Sa | me as | - 17 | = |
| | PART I. DEATH | WAS CAUSI | TE CAUSE (o) | R AS A CONSEQUE | 101 | Obstructi | seace | monary | SO SO | MATE INTERVAL ONSET AND DEATH | 2 |
| NO | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO | | | | | NOT RELATED TO THE TERM | MINAL DISEASE OR | CONDITION GIVE | N IN PART 16 | thribe | = : |
| CERTIFICATION | 19a DATE OF OPERATION THE COMPUTION FOR WHICH | | | TION FOR WHICH | OPERADO | N WAS PERFORMED | YES NO | IN CERTIFY | | NGS USED S OF DEATH? | |
| | 210. ACCIDENT WAS OR CONTRIBUTING | CAUSE OF DE | ATH HOUR A | | Y YEAR | 21c. HOW INJURY OCCUR | RRED (ENTER NATURE (| OF INJURY IN ITEM 18, PAR | tt † OR PART 2) | | |
| MEDICAL | 21d. IN JURY OCCI | JRRED T WHILE WORK | | OF INJURY FREET, FACTORY, OFFICE, FA | ARM, ETC.) | 211 LOCATION STREET | CITY | OR TOWN | COUNTY | STATE | |
| 100 | 27s I certify that saw the deci above, (I) (was 27s, SIGNATURE | mied alive o | otyview the bod | de decented from 19 5 | | nd that a timy (correspondent of the correspondent | medical | STAFF | | that (I) (wa) lose couses stated | _ |
| 1 | 22d. PHYSICIAN'S | NAME (TYPE | OR PRINT) | | | 22e. ADDRESS | | | | 21226 | _ |
| 1 | r. Rich | ard I | E. Fish | ner, MD. | | 4710 Penni | ngton A | ve., Bal | Lto., | Md. | _ |
| 23a. | BURIAL, CREMATIC (SPECIFY) Buri | | 12/2 12/2 | 07/85 G1 | en E | laven Mem. | Pk. Gler | Burnie | | | /Id |
| 24. F | Iccully | | 237 al Hom | E. Pata es Balt | psco., | Ave., 250.DA Md. 21225DE | | STRAR 256. REGISTB | ar's signa | andell. | |

BP. DHMH - 16 25M (VR A 15 (4)) 9/74

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicien should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or frem 18 shows any injury, or other traumatic event, the



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FOR 12-10-85 D.W. DEPARTMENT OF HEALTH AND MENTAL HYGIENE 343026 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR 38 (TYPE OR PRINT) MARTHA VIRGINIA BOYD pode 4. RACE 5 DATE OF BIRTH 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS FEMALE BLACK 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED WIDOWED NA DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Ju STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore Baltir EDGEWOOD ST NO | 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Noal 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LAS NO DE UNKNOWN Elenora Wise 519 Edgewood St. 21229 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate cause to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION % DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED 216 TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH lotua MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET. CITY OF TOWN COUNTY STATE WHILE NOT WHILE Noven 220.1 certify that (1) (this haspital) attended the deceased from ... Dec saw the deceased olive an abave, (1) (we) (did) (did nat) view the bady after death and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 276 SIGNATURE DEGREE 22c DATE SIGNED MD ATTENDING MEDICAL STAFE ould be deta PHYSICIAN | DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN NAME Ygavi 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 12/6/85 Garrison Forest Vet. Burial Owings Mills, Md 24 FUNERAL DIRECTOR Leroy O. Dyett 4600 Lib. Hghts. Ave. DHMH - 16 60M 7/B4 (VRA 15, 4)

ITEM NUMBER 13e.PER.PH.CALL

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
|--|--|-----------------------------------|--|---|
| 1. DECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26. HOUR |
| MDOLO: | RES BRANDT | | DECEMBER 7 | , 1985 6:17p |
| 3 SEX | 4. RACE | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| Female | Cauc. | 1908 | 77 × | RS DATS HOURS |
| 6. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COU | INTY OF DEATH |
| Md. | U.S.A. | WIDOWED DIVORCED | Baltimore | City |
| CITY OR TOWN OF DEATH Baltimore | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Church Hosp | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Housewife | 12b. KIND OF BUSINESS O INDUSTRY |
| | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE | RE ADMISSION) | 13e STREET ADDRESS / ZIP C | ODE ; |
| Md. | Baltim | ore YES X NO [| 235 S. East | Ave. 21224 |
| 4 FATHER'S NAME FIRST | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | WIDDIE | LAST |
| Joseph | Krol | Mary | | Setera |
| WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, | CIVE WAR OR DATEST | | ADDRESS | |
| No | 214-12 | -1430 Warren Bra | andt 235 S. | East Ave. |
| gove rise to immediate couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSEOU | JENCE OF | | |
| | IT CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION | I GIVEN IN PART 110 |
| 19a DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | | F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? |
| <u> </u> | | | YES NOW | YES NO |
| 0.000.000.000.000.00 | DEATH HOUR A.M. MONTH | DAY YEAR | RED (ENTER NATURE OF INJURY IN ITE | |
| 00 000000000000000000000000000000000000 | DEATH HOUR A.M. MONTH | DAY YEAR 19 211. LOCATION | RED (ENTER NATURE OF INJURY IN ITE | M IS PART (OR PART 2) |
| OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMI ZIN INJURY OCCURRED WHILE NOT WHILE AL WORK AT WORK | DEATH HOUR A.M. MONTH (NER) P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE | DAY YEAR 19 211: LOCATION STREET | RED (ENTER NATURE OF INJURY IN ITE | OUNTY STATE |
| OR CONTRIBUTING CAUSE OF | DEATH HOUR A.M. MONTH (INER) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE OF DECEMBER 7-7 19 | DECEMBER 19 21f. LOCATION STREET | CITY OR TOWN | OUNTY STATE |
| OR CONTRIBUTING CAUSE OF LIFETIMEN NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CAUSE OF LIFETIMEN NOT WHILE ALWORK ALWORK ALWORK SOW the decorated olive | DEATH HOUR A.M. MONTH [P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE | DECEMBER 19 21f. LOCATION STREET | CITY OR TOWN to DECEMBER deoth occurred on the dote one | COUNTY STATE |

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retained by the hospital or attending physician

TO HOSPITAL

DHMH - 16 60M 7/84

should be detached for use as the burial transit permit. Then please remove corban papers. Pages if and 2 should be filed within 72 with the State Dept. of Health and Mentol Hygiene prior to burial, cremation, or removal.

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injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL
(SPECIFY)
Burial
24 FUNERAL DIRECTOR

Dabrowski

23b. DATE

230 NAME OF CEMETERY OR CREMATORY Belair Mem.

Son 2818 E. Baltimore

23d. LOCATION

COUNTY

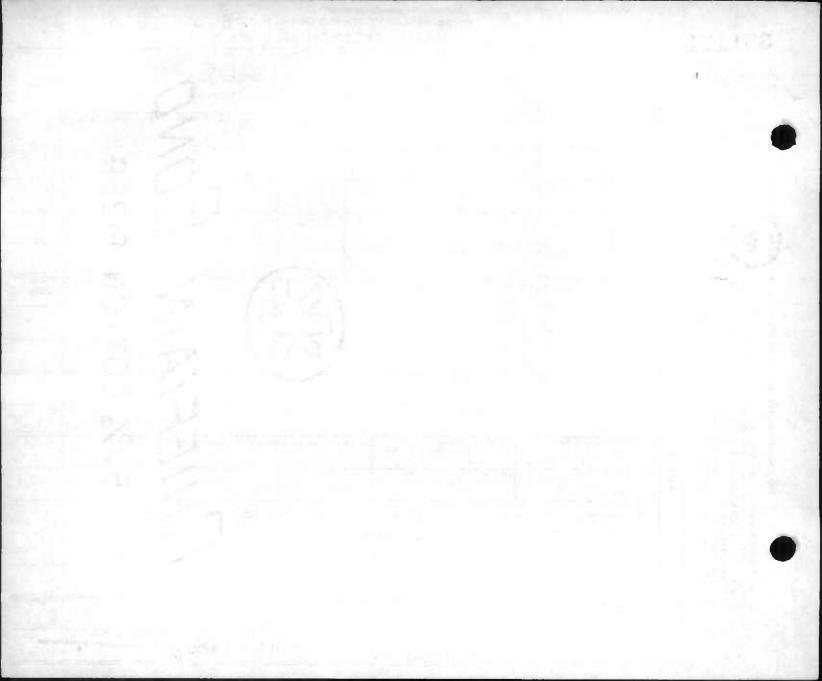
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Gardens 250 DATE REC'D. Harford
BY REGISTRAR 255 REGISTRAR'S SIGNATURE

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2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

(VR A15 ME (5))



STATE

REGISTRAR DECEASED NAME (TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

YES M

17. INFORMANT

5. DATE OF BIRTH

MONTH

WIDOWED

| REG. N | 10. | | | | |
|-------------------------|--------|--------|-----------|----------|-------|
| 20 DATE OF DEATH | MONTH | DAY | YEAR | 2b. HOL | JR |
| I | ec. | 14. | 1985 | 43 | of |
| 6 AGE (IN YEARS LAST BE | RTHDAY | IF UND | ER I YEAR | IF UNDER | 24 HI |
| 73 | YRS | MONTHS | DAYS | HOURS | MI |

9 BALTIMORE CITY OR COUNTY OF DEATH

Limore 12b KIND OF BUSIN TYPE OF WORK FOR MOST OF WORKING LIFE!

40USEWIFE

113d INSIDECITY LIMITS? 13e STREET ADDRESS / ZIP CODE NO

15. MOTHER'S MAIDEN NAME MIDDLE Annie

Brewer ADDRESS

Archie Branham 6314 Johnny Cake Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

1912

DIVORCED

CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T

COUNTY

MONTH DAY YEAR 21e PLACE OF INJURY

21f LOCATION

200 AUTOPSY?

220 I certify that (1) (this hospital) attended the deceased from abave, (1) (we) (did) (did nat) view the body after death

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

CITY OR TOWN

STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

STATE

23¢ NAME OF CEMETERY OR CREMATORY

Garrison Forest Cemetery

DEGREE

STREET

23d. LOCATION

Owings Mills, Maryland

12-19-85 Burial 24 FUNERAL DIRECTOR

Bailey-Douglass Funeral Home 1348 N. Calhoun St

250 DATERECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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completely filled in by the funeral director, page 3 s 7 ond 2 should be filed within 72 hours ofter death must be harified on once.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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retained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| ' | - STATE REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO |). | | |
|---------------|--|--------------------------|------------------------|----------------|-------------------------------|------------------------------|-------------------|--------------|----------------------------------|
| | PECEASED NAME FIRST | | MIDDLE | | AST | 20. DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| 1, | Mar | y C | 'S. | Bren | nnan | Decem | ber 21 | 85 | 3 AM |
| 3 S | EX | 4. RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIRT | | UNDER I YEAR | IF UNDER 24 HRS |
| | Female | Whit | e | Sep | | 61 | YRS MON | VIHS DATS | HOURS MIN. |
| 7a | BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTR | Y? 8. | | 9 BALTIMORE CITY O | | FDEATH | |
| | Ireland | I | S.A. | WIDOWE | D NEVER MARRIED DIVORCED D | Baltimor | re Cit | / | MD. |
| 10 | CITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURS | SING HOME | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | NC | 12b. KIND C | OF BUSINESS OR |
| | Balto. | | in Facility, give stri | | | Pharmace | | | |
| J. JJS | UAL RESIDENCE (IF NURSING HOME | OR OTHER INSTITUTION | GIVE RESIDENCE BEF | ORE ADMISSION) | | | | _ | -Dayis |
| | STATE 13b COI | UNTY | 13c. CITY OR TO | | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / | | | |
| | Maryland | | Balto | • | YES NO 1 | | or lage | Ru. | 21212 |
|) | James \ | V. C | 'sulliva | an | Ellen | WIDDLE | M | cCart | thy |
| 16a | WAS DECEASED EVER IN U.S. A | ARMED FORCES? | 166 SOCIAL SE | CURITY NO. | 17. INFORMANT | ADDRE | SS | | |
| | NO NO | SIVE WAR OR DATES | 021 20 | 6319 | James E. | Brennan | Sa | ame | |
| | 18 CAUSE OF DEATH (Enter | only one couse per | line for (o), (b), | ond ich. | | | | APPROX | MATE INTERVAL ONSET AND DEATH |
| | PART I. DEATH WAS CAUS | SEĎ BY: ATE CAUSE (a) | merto | Al tri | svarian Co | Tuces | | NI | 8 mos. |
| | WWED | | DAG A CONCEC | UENCE OF | | | | | |
| | Conditions, if any, which | ((b) | r as a consec | DUENCE OF | | | | | |
| 1 | gave rise to immediate cause (a), stating the |) | | | | | | | |
| 1 | underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | |
| | PART 2 OTHER SIGNIFICAN | CONDITIONS C | ONTRIBUTING TO | O DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONI | DITION GIVEN | IN PART 16 | a a |
| CERTIFICATION | | - | | | | | | | |
| 7 8 | 190 DATE OF OPERATION | 196 COND | ITION FOR WHIC | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b IF YES, V | | |
| 1 | | | | | | YES NO | IN CERTIFYIN | | NO |
| 1 8 | 21a. ACCIDENT WAS UNDERLYING | 21b. TIME C | | | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART | I OR PART 2) | |
| | OR CONTRIBUTING CAUSE OF D | ALM IN | M. MONTH M. | DAY YEAR | | | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e. PLACE | | 19 | 211 LOCATION | | | | |
| M | WHILE NOT WHILE D | (AT HOME ST | REET, FACTORY, OFFIC | E, FARM, ETC) | STREET | CITY OR TO | WM | COUNTY | STATE |
| | 270. I certify that (I) (this has | atal attended th | a deceased from | Ja. | Muslim 10 84 | to Decem | 10 | 83 | ab-a iti di |
| | sow the deceased alive of | n ~ Decem | her 10 119 | | nd that in (my) (ast) opinion | | | | that (I) (we) Tast |
| 10 | obove, (I) (we) (did+rdid i | not) view the bady | ofter death. | | DEGREE | | | 22c DAVE | |
| | No | I Ihm | e ma | | ATTENDING | MEDICAL _ STAF | | 12/ | - lov |
| - | 27d. PHYSICIAN'S NAME (TYPE | 7 000 | 7 1 4 | | PHYSICIAN 270 ADDRESS | DIRECTOR PHYSIC | IAN L | 1/4 | 2/00 |
| | THE THIS CHAIN STAME (THE | ONTE | | | | | | | |
| - | | | 1.D. | | | Raven Bly | d.,Ba | ito., | Md. |
| 23a. | . BURIAL, CREMATION, REMOVA | | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | c | OUNTY | STATE |
| | Burial | 12-23 | -85 I | Vew C | athedral | Balto. | | | Md. |
| 74 | FUNERAL DIRECTOR | | ADDRESS | 4905 | York Rd 250 DAT | C 23 1985 | ISB. REGISTRA | R'S SIGNAT | o to have |
| | Henry W. Jen | kins & S | Sons Co | Bal. | to Md. Ut | C 23 1985 | ./ | | |

DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is morked or Item, 18 shows ony injury, ar other traumotic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached far use as the burial-transit permit. Then please remove corbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

(VRA 15, 4)

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I al nit at the street of the street and street at the street at

STATE OF MARYLAND 360147 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE LAST 20. DATE OF DEATH MONTH DECEASED NAME FIRST 26 HOUR TYPE OR PRINTI JOSEPH DECEMBER 22, 1:14 BREWER 1985 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 41 MAle Black 70. BIRTHPLACE | STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Mary land U.S.A. BALTIMORE CITY WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IO CITY OR TOWN OF DEATH 17b. KIND OF BUSINESS OR 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS HOSPITAL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSJITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore 127 Fleming Drive Maryland FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LEO Brewer Rebecca Johnson 17 INFORMANT ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 214-38-1757 Rebecca Brewer 127 Fleming Drive APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [entol Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 10 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 20 220.1 certify that (1) (this hospital) attended the deceased from 12/22 sow therdecessed give on 12/22

obove, (I)(we) did (did not) view the body ofter death. and that in the (our) opinion death occurred on the date and hour and from the causes stated tached to Dept. 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT O FUNER nould be outh the Ste 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23g. BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE BURIAL CITY OF TOWN

Cedar

Hill Cemetery

Anne Arundel

Md

Co.

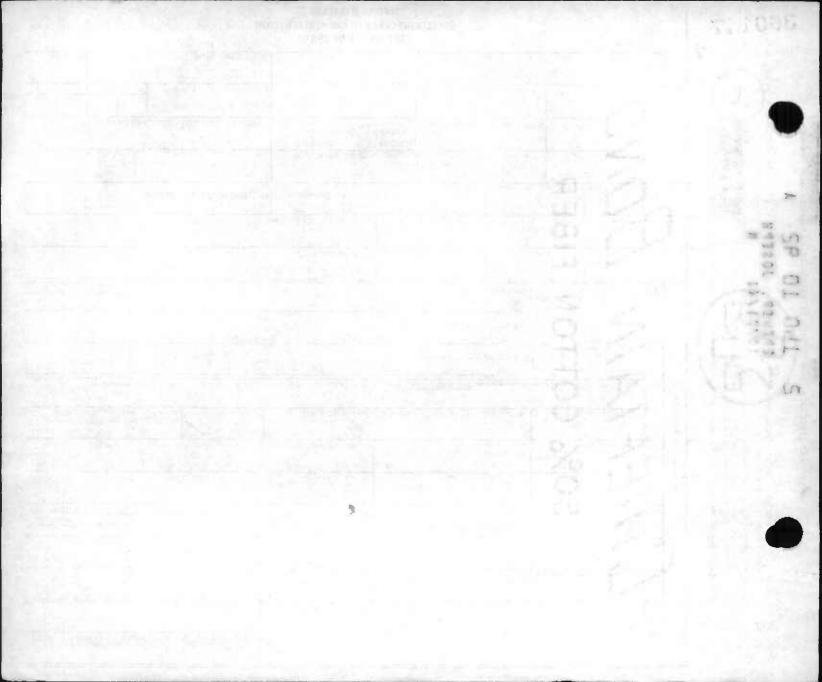
DATE RECIDEN REGISTRAR 256 REGISTRAR'S SIGNATURE CANSAL

12/24/85

March Funeral Homes 1101 East North Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR



ould be fil

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, ar other troumotic event, the medical should be detached for use as the burial-transit permit. Then please remove carbon papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate be

JOING PHYSICIAN: The law

STATE OF MARYLAND

| 100 | - 2 | entite | | 3 | |
|----------|-----|--------|---|---|----|
| 3 | 0 | 5 | O | J | 0, |
| REG. NO. | | | | | 1 |

| | 1- | FOR STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HYG ICATE OF DEATH | REG. NO |). | 0 0 | |
|---|---------------|--|--------------------------|---|--------------------------------------|--|-------------------------------------|---|---------------------------------|-------------------------------|
| | | CEASED NAME FIRS | IETTA | MIDDLE . | | G-G-S | 2a. DATE OF DEATH | 12 20 | VEAR 85 | 26. HOUR |
| | 3 SE) | FEMALE | 4. RACE | ASIAN | 5. DATE O | F BIRTH DAY YEAR 29 37 | 6. AGE (IN YEARS LAST BIRT | YRS. | UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| F | 2 0 | RTHPLACE (STATE OR FOREIGH COUNTRY) Maryland | U.S | WHAT COUNTRY? | WIDOWE | | BALTIMORE CITY OF | 086 C | ידי | MD. |
| - | 6 | DALTIMONE | SOUTH | BALTIMO | ADDRESS) | Senal Hospital | Sales Rep. | | 12b. KIND O INDUSTRY AVON | F BUSINESS OR |
| 9 | 13a. S | MARYLAND . | OME OR OTHER INSTITUTION | 130 CITY OR TOW | 'N | 13d. INSIDE CITY LIMITS? YES NO 1 | | ZIP CODE | Ave | 21230 |
| 2 | | RICHARD | MIDDLE CONCESSOR | MOON | | AIVECTA 17 INFORMANT | ADDRE | 22 | W. | Ison |
| | | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) | | 213 36 . | 3891 | | iggs 1911 D | | | 21230 |
| | Z | Conditions, if any, whis gove rise to immedia cause (a), stating to underlying cause lo | ch (b) | OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO | ENCE OF | BREAST NOT RELATED TO THE TERM | CAUMA INAL DISEASE OR CONF | DITION GIVEN | IN PART 310 | 2 |
| 1 | CERTIFICATION | 198 DATE OF OPERATION 196 COND | | DITION FOR WHICH | ON FOR WHICH OPERATION WAS PERFORMED | | | 20b. IF YES, W IN CERTIFYIN YES [| NG CAUSES | |
| 1 | MEDICAL CER | 210. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. IN JURY OCCURRED | OF OEATH HOUR A | .M. MONTH D .M. OF INJURY | 19 | 21c HOW INJURY OCCURI | RED (ENTER NATURE OF INJUR | | 1 OR PART 2) | STATE |
| | W | while NOT WHILE AT WORK 220.1 certify that (I) (this sow the deceased oli | hospital) attended to | 26 19 | DEC. | ad that in (my) (our) opinion | | 25 19. | | that (I) (we) lost |
| | - | obove, (I) (we) (did) (or 27%. SIGNATURE | K. Go | votter death. | _ | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF DIRECTOR PHYSIC | | 12/ DATE | SIGNED 26/85 |
| | | 1 HOMAS | K. G | Alvin | | 3001 S. | Hanovec | 51. | BALT | MO 2123 |
| | | BURIAL, CREMATION, REMI (SPECIFY) Burial | 23b DATE 12/30 | 105 | estern | Cemetery OR CREMATORY | 23d. LOCATION CITY OF TOWN Baltimor | e | OUNTY P'S SIGNAT | Maryland |

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been

(VRA 15, 4) Hubbard Funeral Home,

21229 4107 Wilkens Ave.

DEC 30 1985 Julia Veirlan Fundelle

The The Land Control of the Control

365047

ly filled in by the funeral director, page 3 should be filed within 72 hours after death

FOR - STATE

STATE OF MARYLAND

| | DE | - | D. | 10 |
|--|----|---|----|----|

250, DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DEC 27 1935

| | REGISTRAR | | | CERTITI | CAILOIL | EAIR | REG. N | 10. | | |
|----------|--|-----------------------------|---|---------------------------|---------------|--------------------------|------------------------|-------------|----------------------|-----------------|
| | DECEASED NAME FIRST | | MIDDLE | L. | AST | | | | DAY YEAR | 2b. HOUR |
| (1) | YPE OR PRINT) $\it EARL$ | Lero | by I | BRIGHT | | | DECEMBER | 25, | 1985 | 12:34 |
| 3. S | SEX | 4. RACE | | 5. DATE O | | | AGE (IN YEARS LAST BE | RTHDAY) | IF UNDER I YEAR | |
| | Male | В | lack | nonih 11 | 30 | 32 | 53 | YE | MONTHS DAYS | HOURS MIN. |
| ₹a. | BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNT | RY? 8. | NEVER A | AARRIED X7 | BALTIMORE CITY | OR COU | NTY OF DEATH | |
| 7 | Marvland | U.S. | Α. | WIDOWE | DI DI | VORCED | Baltimor | e Ci | ty | M |
| 10. | CITY OR TOWN OF DEATH | | | RSING HOME O | R OTHER INST | ITUTION | 120 USUAL OCCUPAT | | | OF BUSINESS O |
| 2 | Baltimore | | nd Gene | reet address) eral Hos | pital | | A.T.T. | OF WORKIN | 4G LIFE) INDUSTRY | |
| | UAL RESIDENCE (IF NURSING HOM | | | EFORE ADMISSION) | 13d. INSIDE C | ITY HANTS? | 13e.STREET ADDRESS | / 7IP C | ODE | |
| - | Maryland — | | Balti | more | YES XX | NO 🗌 | 816 PArk | | | 7 21201 |
| 14 | FATHER'S NAME | WIDDLE | LAST | | 15 MOTHER' | S MAIDEN NAM | E MIDDLE | | | e T |
| | Rainey | MIDDLE | Molton | | E١ | FIRST / a | WIDDLE | | Brid | ht |
| 160 | WAS DECEASED EVER IN U.S. | 166 SOCIALS | SECURITY NO. | 17 INFORMA | NT | ADDRESS | | | | |
| | NO OR UNKNOWN) (IF YES | , GIVE WAR OR DATES) | 220-2 | 0-9028 | Clarer | nce Brig | ht 816 PA | rk A | venue Apt | .10 |
| | 18. CAUSE OF DEATH (Ente | r only one couse per | line for (o), (b | i, and real | | | | | APPROX BETWEEN | ONSET AND DEATH |
| | PART I. DEATH WAS CAL | USED BY: DIATE CAUSE (0) | Unkno | nt.m | | | | | | |
| | (774.75 | | R AS A CONSE | | | | | | | |
| | Conditions, if any, which | | | etic Car | cinoma | of the | Colon | | 79 | 85 |
| | gove rise to immediate | | R AS A CONSE | | 1 | | | | | |
| 1 | underlying couse last | 100110,01 | | Gastroir | tostin | 27 Place | dina | | | |
| | PART 2 OTHER SIGNIFICAN | | | | | | | NDITION | GIVEN IN PART 1 | 0 |
| ATION | | | | | | | | | | |
| 73 | 190 DATE OF OPERATION | 19b. COND | ITION FOR WHICH OPERATION WAS PERFORMED | | | RMED | 20g AUTOPSY? | | YES, WERE FINDI | |
| CERTIFIC | | | | | | | YES NO | | YES [| NO [|
| 7 8 | 210. ACCIDENT WAS UNDERLYING | 110110 1 | | DAY YEAR | 21c. HOW IN | IJURY OCCURRE | D (ENTER NATURE OF INJ | URY IN ITEM | 18 PART OR PART 2) | |
| 1 K | OR CONTRIBUTING CAUSE OF | DEATH | | 19 | | | | | | |
| MEDICAL | 21d. INJURY OCCURRED | 21e PLACE | OF INJURY | EICE LABOR FYC.) | 21f LOCATIO | | CITY OR I | OWN | COUNTY | STATE |
| 2 | AT WORK AT WORK | TAT HOME STA | TET, PACTORY OF | PICE, PARM ETC.) | JINEET | | 5.77 | | | |
| | 220.1 certify that (IXIthis ha | ospital) attended th | | | | | | | | |
| | sow the deceased alive above, (hy/we) (did) (dy | on <u>December</u> | after death. | 19 <u>85</u> , on | d that in 😿 💥 | (our) opinion de | eath accurred on the c | dote and | hour and from the | couses stated |
| | 22b. SIGNATURE | - 1 | | 5 | EGREE | | | | 22c. DATE | SIGNED |
| | 2.19 | und | 2 | fo | | ATTENDING PHYSICIAN [| MEDICAL STA | CINC | 12 | 127/85 |
| 1 | 22d. PHY LIAN SHALL | at Court | sind, | 14,00 | 27 ADDRES | | | | | |
| | Rebecca B | yrd, M.D. | 0 | | c/o 1 | Maryland | General H | Hosp | ital | |
| 230 | BURIAL, CREMATION, REMOV | VAL 23b. DATE | | 23c. NAME OF C | | | 23d. LOCATION | | COUNTY | STATE |
| | RIPTA! | 12/3 | 1/85 | King Mai | morial | Dark | Randalle | t own | n | Md |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

March Funeral Homes 1101 East North Avenue

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed retained by the houpital or attending physician.

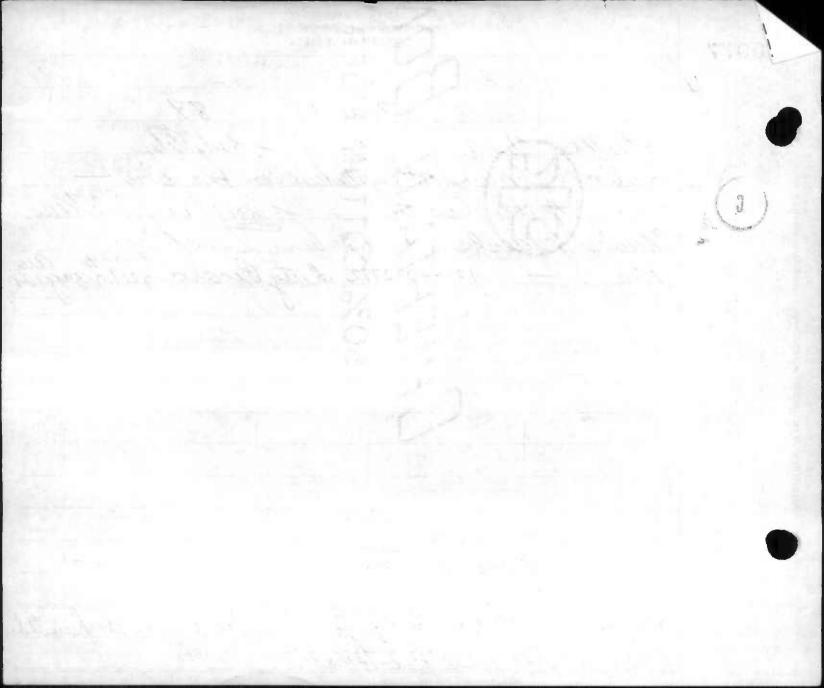
TO FUNERAL DIRECTOR, After this certificant has been signed by the attending sthysician and should be detached to: use as the busish transit permit. Then please remove carbandapers. Pagel with the State Dept. of Health and Merital Hygiens prior to barrial cremation, or removal.

| 2 | C-1 | 0 | 2 | إرما | ing |
|---|-----|---|---|------|-----|
| O | 9 | U | U | 6 | 1 |

STATE OF MARYLAND

| | REGISTRAR CEASED NAME ##st | CERTIFICATE OF DEATH | REG. NO. 12a DATE OF DEATH WONDY DAY YEAR 13b HOUR |
|-----------------------|--|--|---|
| | Joh ANN | 0 11 | 12 10 85 114 |
| 3.56) | | white 8/3/197 | A AGE (TO VEARS LAST ENTH-CAT) # LINDER 1 HAR JE LINDER 25 |
| 74. 81 | RETHREACE INTANCO HORISTON TO | CITIZEN OF WHAT COUNTRY? | 1014 11 1 1 1 1 1 |
| P.C. | Butense 5 | NAME OF HOSPITAL, NURSING HOME CINCILHER INSTITUTION OF A SHIRLY ADDRESS. | ON THE OF BUSINESS INDUSTRY |
| 030. 13g. | AT RESIDENCE IN MUNICIPAL PORT OR OTHER | TO SULLET YES NO. | |
| 2 | Theres NAME | BUT DE LANT STATE STATE | DEN MARIE LAST |
| Ida V | WAS DECEASED EVER IN U.S. ARME | DEPORCES? THE SOCIAL SECURITY NO W INFORMANT 137-40-2772 | H. Property 3817 1 |
| | III. CAUSE OF DEATH (Enter only of PART), DEATH WAS CAUSED B | one couse per line for to the and is: | A STATE CHELLE OF THE STATE OF |
| | IMMEDIATE C | | |
| | Conditions, if any, which gave rise to immediate cours to, stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF | megaresis |
| | PART 2 OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH | HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 |
| Z. | | | |
| THICATION | THE DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | IN CERTIFYING CAUSES OF DEATH! |
| CAL CERTIFICATION | 71a ACCEINT WAS UNDERLYING OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS | | IN CERTIFYING CAUSES OF DEATH! |
| MEDICAL CERTIFICATION | 21g. ACCERNI WAS UNDERLYING | 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR | YES NO NO YES NO |
| C-3111 | 21a. ACCOUNT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH OF CHIME IN QUITY MODIC ALL EXAMPLES. 21a. INJURY OCCURRED VIVIL AT WORK AND CONTRIBUTE CAUSE 22a.1 certify that III (this hospital saw the deceased give on J | 21s. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 9,M. 19 21s. PLACE OF INJURY (AT HOME, STREET, FACTOR), OFFICE, FAM., ETC.) 21s. Street, FACTOR, OFFICE, FAM., ETC.) 21s. PLACE OF INJURY (AT HOME, STREET, FACTOR), OFFICE, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FACTOR, OFFICE, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FACTOR, OFFICE, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FACTOR, OFFICE, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FACTOR, OFFICE, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FACTOR, OFFICE, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FACTOR, OFFICE, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FACTOR, OFFICE, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FACTOR, OFFICE, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FACTOR, OFFICE, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FACTOR, OFFICE, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FACTOR, OFFICE, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FACTOR, OFFICE, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FAM., ETC.) 21s. TIME OF INJURY (AT HOME), STREET, FAM., ETC.) (AT HOME), STRE | VES NO |
| C-3111 | TIG. ACCEDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH OF EITHER, NOTEY MODIC IN CRAMINER! THE INJURY OCCURRED WHAT CAUSE AT WORK CAUSE TO WORK TO SEE THE SEE | THE TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 The PLACE OF INJURY (AT HOME, STREET, FACTOR), OFFICE FARM, ETC.) Uttended the deceased from 5 3 19, one the body after death. | OCCURRED NO NO NO NO NO NO NO N |
| C-3111 | 21a, ACCOUNT WAS UNDERLYING CONCONTRIBUTING CALCADE OF DEATH (IF ETHER NOTIFY MODE AL EXAMPLE) 21d, INJURY OCCURRED WHILE COLOR CALCADE 22a, Certify that (I) (this hospital spow the deceased plive on obove, (I) (we) (did) (did not) | 21s TIME OF INJURY HOUR A.M. MONTH DAY YEAR 9,M. 19 21s PLACE OF INJURY (AT HOME, STREET, FACTOR), OFFICE, FAM, ETC.) 21s Outended the deceased from 5 3 19 autended the deceased from 5 3 19 autended the deceased from 5 3 19 autended the deceased from 6 5 3 19 autended the deceased from 7 19 BEGREE ATTEN PHYSIS | OCCURRED NO NO NO NO NO NO NO N |
| MEDICAL | TIR. ACCOUNT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (# ETHER NOTEY MODE AL EXAMPLE) THE INJURY OCCURRED VIOLE AND AND CAUSE OF AN AND CAUSE CA | 216. TIME OF INJURY HOUR AM. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY (AT HOME, STREET, FACTOR) OFFICE FAM. ETC.) 217. STREET, FACTOR) OFFICE FAM. ETC.) 218. PLACE OF INJURY (AT HOME, STREET, FACTOR) OFFICE FAM. ETC.) 218. TIME OF INJURY (AT HOME OF INJURY) | OCCURRED NO NO NO NO NO NO NO N |

DHMH - 16 60M 7/84 (VRA 15, 4)



| | 1 | | | STATE OF MARYLAND | | |
|--|---------------|--|--|--|------------------------------------|--|
| 343015 | 1 | FOR - STATE REGISTRAR | DEPAR | TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH | HYGIENE 8 5 | 3 3 5 0 5 |
| | | CEASED NAME FIRST | WIOOLE | LAST | | ONTH DAY YEAR 25 HOUR |
| may be poge 3 | TYP | FORPRINT) James | E. I. | Briscoe | / | 12 1 85 630Pm |
| Tr. po | 3. SE | | RACE 2, 1 | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHD | DAY) IF UNDER 1 YEAR IF UNDER 24 HRS |
| rector. | | MALE | Black | | 48 36 | YRS |
| 72 hours | | COUNTRY) | USA | MARRIED NEVER MARRIED | | COUNTY OF DEATH |
| fune thun | - | ARYLAND ITY OR TOWN OF DEATH | | WIDOWED DIVORCED | 73-30-1111 | N 126 KIND OF BUSINESS OR |
| by the | 1 | Baltimore 1 | | ET ADDRESS! MARYLAX | B UNEMPLOY | ORKING LIFE INDUSTRY |
| hour I hour | 13a | AL RESIDENCE (IF NURSING HOME OR OTH | HER INSTITUTION GIVE RESIDENCE BEFO | | TS? 13e STREET ADDRESS / Z | TIP CODE 2122 3 |
| LAN LAN Shoull should | | Maryland C1 | Ty Baltin | no YES X NO | 13. STREET ADDRESS / Z | tricker Street |
| MARY THE | II. F | ATHER'S NAME | | 15. MOTHER'S MAIDE | NAME | LAST |
| | lán s | WAS DECEASED EVER IN U.S. ARME | D FORCES? 166 SOCIAL SEC | COE ELIZAT | 3E/1+ | JOHNSON |
| BALTIMORE, | | YES NO OR UNKNOWN) (IF YES, GIVE W | | | L RECORDS | Upf Med Ho spito |
| II., BAL | | PART I. DEATH WAS CAUSED B | ard ard | io Pulmonary | arrest | BETWEEN ONSET AND DEATH |
| TON S ending corbo n, or re motic e | | WWW. DIATE | DUE TO, OR AS A CONSEQU | UENCE OF | _ /. | |
| deot deot offer nove offion, roum | | Conditions, if ony, which gave rise to immediate | (b) ENd | stage Renal | Disease/uren | 114 10 ments |
| hot the by the ass rem | | couse (o), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE | VENCE OF Hyperter | 1515h | |
| DS, 20. | z | PART 2. OTHER SIGNIFICANT COL | | DEATH BUT NOT RELATED TO THE | | TION GIVEN IN PART 110 |
| been mit. Il | ATIO | 190 DATE OF OPERATION | | H OPERATION WAS PERFORMED | 200 AUTOPSY? 2 | 106. IF YES, WERE FINDINGS USED |
| TALRE lo The lo ricion. | CERTIFICATION | | | | YES NO | N CERTIFYING CAUSES OF DEATH? YES NO NO |
| ACIAN. The graphsicion physicion ertificate riol-tronsit into l'Hygie fem 18 sho | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 216, TIME OF INJURY HOUR A.M. MONTH I | DAY YEAR | CCURRED (ENTER NATURE OF INJURY II | NITEM 18 PART LORPART 2) |
| PHYSICIA PHYSICIA PHYSICIA this certif e buriol-ti d Mentol-ti d or Item | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 19 211 LOCATION | | |
| DIVISION OF VITAL RECORDS, Other of the low requires the contending physicion. The low requires the buriol-thronsit permit. Ther his certificate host permit. There had mental Hygiene prior to be had on them 18 shows any injury or had on them 18 shows any injury. | ME | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFFICE | FARM ETC) STREET | CITY OR TOWN | COUNTY STATE |
| A See eath | 19 | 220 I certify that (1) this haspital) | | C- | 85 to 12/1 | , 19 8 5 , that (I) (we) last |
| hospitol RECTOR RECTOR ppt of H | | sow the deceased olive on abave, (I) (we) (did) (did nat) v | iew the bady after death. | DEGREE | mion death occurred on the date | and hour and from the couses stated |
| Al Di the Al Di detoch | | SF | isher mo | ATTENDIT PHYSICIA | | 12 1 185 |
| TO HOSPITAL etoined by the TO FUNERAL should be detined by with the Stote | | SARAH FSH | | 22e ADDRESS UNIV. | of md. | Hospital |
| TO H shou | 230 | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATO | DRY 23d LOCATION | |
| BP | | BURIAL, CREMATION, REMOVAL SPECIFY BURIAL UNERAL DIRECTOR | 12-6-85 | Eastview | BAL TIMORE | |
| DHMH - 16 60M 7/B4 | | | AODRESS | 250 | DATE REC'D. BY REGISTRAR 256 | . REGISTRAR'S SIGNATURE |
| (VRA 15, 4) | 1 | M.C. MARCH F/H I | NC. 1101 E. N | WORTH AVE. | DEC 5 1005 | mia beiden Bondette |

4-13-13 304 3 130 E

FOR STATE REGISTRAR 346076 3/1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

| 3 | 5 | 3 | 3 | 5 | U | |
|---|----------|---|---|---|---|--|
| | REG. NO. | | | | | |

| X | | REGISTRAR | | | | | | | REG. N | 10. | | | | |
|--|--|---|-----------------------------------|----------------------------------|---|-------------|---|---|---|-----------|----------------------------------|----------------------|----------|---------------|
| | | CEASED NAME | FIRST | ٨ | AIDDLE | | AST | | 26. DATE OF DEATH | MONTH | DAY | YEAR | 26 HOU | R |
| - | TYPE | OR PRINT) | ARLES | G] | LBERT | BR | MOTTI | | | 12 | P | 85 | 3.18 | DAM |
| 7 | 3. SE | × | | 4 RACE | | 5. DATE C | | YEAR | 6 AGE (IN YEARS LAST BI | RTHDAY) | | DER 1 YEAR | IF UNDER | 24 HRS MIN |
| | | Male | | White | 9 | Dec | . 15, | 1907 | 77 | YRS. | | | | |
| - | 7a. Bi | 70. BIRTHPLACE (STATE OR FOREIGN 71 | | 76. CITIZEN OF WHAT COUNTRY? 8 | | Y? 8 | MARRIED & NEVER MARRIED | | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| 5 | | Canada | | USA | | WIDOWE | WIDOWED DIVORCED | | BALTIMORE CITY | | | | | MD |
| | 10. CI |). CITY OR TOWN OF DEATH | | 11. NAME OF HOSPITAL, NURSING HO | | | | | 12a USUAL OCCUPAT | | 126 KIND OF BUSINESS OR INDUSTRY | | | |
| 4 | BAI | ALTIMORE | | UNION MEMORIAL HOSPI | | TAL | | Clerk | | | | Radi | iato | |
| 2 | | AL RESIDENCE (IF NURS | | | | | A 104 INICIDE | CITY LILLITCO | 4 | / 7ID COI | D.F. | | | |
| | 130. 3 | 13a. STATE 13b. COUNTY 13c. STATE 13c. STATE 13c. STATE 13c. STATE | | | 36. CITY OR TOWN Baltimore 13d. INSIDE CITY LIMITS? | | | 13e.STREET ADDRESS / ZIP CODE 706 W. 33rd Street 21211 | | | | | | |
| | 14. FA | THER'S NAME | | 200022 | DULULINO | 1.0 | | R'S MAIDEN NA | | JIU L | LLLE | EL , | 2121 | |
| 1 | | FIRST | | WIDDLE | LAST | | | FIRST | WIDDLE | | | LAS | T | |
| 2 | 14- 14 | Charles La | | | | CUBITY NO | | zabeth | Wilson | ECC | | | | |
| - | | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) | | | | | | | | | | | | |
| | | Yes | | WWII | 213 01 | L 4602 | Marga | ret Bri | tton sa | me | | | | |
| | | 18 CAUSE OF DEAT | | | line for (a), (b), a | and (c).) | APPRÖXIMATE INTERV BETWEEN ONSET AND E | | | | | | DEATH | |
| | | PART I. DEATH W | | TE CAUSE (o) | Sent | 65 | hock | | | | | | | |
| | | | | | | | | | | | | | | |
| | Conditions, if any, which () Urinary Tract Infection | | | | | | | | | | | | | |
| | gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | | |
| | | underlying couse lost. | | | | | | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P | | | | | | | | | PART lu | 0 | | | | |
| | NO O | Heni | diti | s No | n A | Nam Y | 3 | | | | | | | |
| | CERTIFICATION | 19a DATE OF OPERAT | 196 CONDITION FOR WHICH OPERATION | | | N WAS PERF | ORMED | | | | WERE FINDINGS USED | | | |
| | F | | | | | | | | YES NO YES | | | ING CAUSES OF DEATH? | | |
| 7 | ER | 7]a ACCIDENT WAS UNDERLYING 7 216. TIME OF INJURY | | | | | 21r HOW | NJURY OCCUR | JRRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) | | | | | |
| _ | | OR CONTRIBUTING | | ATH HOUR A. | M. MONTH | DAY YEAR | | | TEINTER TAYOUT OF THE | | , , , , , , | , | | |
| | MEDICAL | (IF EITHER, NOTIFY MEDIC | | | | 19 | 21f LOCAT | ION | | | | | | |
| | MEC | 21d. INJURY OCCURRED 21d. PLACE OF INJURY WHILE NOT WHILE NOT WHILE NOT WHILE NOT WHILE NOT WHILE | | E. FARM, ETC.) | STREET CITY OR TOWN COUNTY | | | | | STATE | | | | |
| | | AT WORK AT WOR | RK | | | | | | | | | 100 | | |
| | | 22a-1 certify that (I) (this hospital) attended the deceased from | | | | | | | | | | | | |
| | | saw the deceased alive on 1960 1960, and that in (my) (our) opinion death occurred on the date and hour and from the cause above, (1) (we) (did) (did not) view the body after death. | | | | | | | | | | couses sto | sted | |
| | | 226 SIGNATURE DEGREE DEGREE ATTENDING MEDICAL STAFF | | | | | | | | | 2 | 22c. DATE | SIGNED | |
| | | Lau | 24 | MH | ohe | n | 10 | PHYSICIAN D | MEDICAL STA | | | 12/ | 218 | 1 |
| 1 | | 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS | | | | | | | | | | | | |
| - | | DAVIS M. | HAH | J | | | UNION | MEMORI | AL HOSPITA | Մ | | | | |
| N | 23a B | BURIAL, CREMATION, | REMOVAL | 23b. DATE | 230 | . NAME OF C | EMETERY OF | CREMATORY | 23d LOCATION | | con | NTY | | STATE |
| | | Entombment 12/11/85 Druid Ridge Cemetery Pikesville, Balto. Co. Md | | | | | | | | | _ | | | |
| | 24 FL | JNERAL DIRECTOR | | | | | | | E REC'D. BY REGISTRAR | | | | | 00 |

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached far u

Burgee-Henss Funeral Home, 3631 Falls Rd 2121

3 11 0 76 " HAL 2117,23 F Lettera I beat yourself

garani.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | | CERTIF | ICATE OF | DEATH | | REG. NO | | | | |
|---|--|------------------------|------------------------|-------------|-------------|---------------|----------------|-------------------|------------------|----------|----------------------------------|----|
| N | L DECEASED NAME FIRST | ٨ | AIDDLE | L | AST | | 20. DATE OF D | EATH MONT | H DAY | YEAR | 26 HOUR | _ |
| | ANGELO |) | V. | BRO | CATO | | | 12 | 22 | 85 | 4:10 a | L/ |
| | 3. SEX | 4 RACE | | 5. DATE C | | YEAR | 6 AGE (IN YEAR | RS LAST BIRTHDAY | MONTHS | RIYEAR | IF UNDER 24 HRS | _ |
| | Male | Caucas | ian | | t.12, | 1905 | 80 | | YRS | | | |
| 1 | 70 BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MADDIE | NEVER | MARRIED XX | 9 BALTIMORE | CITY OR CO | UNTY OF DE | ATH | | |
| 7 | Maryland | USA | | WIDOWE | | NORCED | BALT | IMORE | CITY | | N | ıc |
| ð | 10 CITY OR TOWN OF DEATH | | HOSPITAL, NURSING | | R OTHER INS | TITUTION | 120 USUAL OC | | | KIND O | F BUSINESS O | |
| Я | Baltimore | VAMC I | BALTIMORE | MAR | YLAND | 21218 | Cle | | | | POSTAL | |
| 1 | USUAL RESIDENCE (IF NURSING HOME O | R OTHER INSTITUTION | GIVE RESIDENCE BEFORE | | 13d INSIDE | CITY HAAITC2 | 13e STREET AC | | CODE | | | |
| - | Maryland | | Baltime | | YES X | NO [| | | y Aye | . 2 | 1213 | |
| | 14. FATHER'S NAME | WIDDLE | LAST | | 15 MOTHER | 'S MAIDEN NA | ME | WIDDLE | | 1.65 | | |
| Z | Angelo | | Brocato | | Fe | licia | | MIDDLE | G | 100 | dina | |
| | 160 WAS DECEASED EVER IN U.S. AL | | 166 SOCIAL SECU | RITY NO. | 17 INFORM | ANT | | ADDRESS | · | | same | |
| | YES WW | VE WAR OR DATES) | 218 03 | 1255 | Jose | phine | M. Ono | rato, | siste | r,a | ddress | ś |
| | 18 CAUSE OF DEATH (Enter o | nly one couse per | | | | | | | | APPROXI | MATE INTERVAL ONSET AND DEATH | |
| | PART I. DE ATH WAS CAUS | ED BY: TE CAUSE (0) | Cardio | Puho | NU K | rnesy | | | | | | |
| | WWWED | | R AS A CONSEQUE | 1 | 7 | | | | | | | |
| | Conditions, if any, which | (b) | 6 5 - | MSI | 5 | | | | | | | |
| | gove rise to immediate | DUE TO OF | r as a conseque | NCE OF | | | | | | | | |
| | underlying couse lost | (6) | K AS A CONSEGRE | ., | 54.4 | | | | | | 5 10 | |
| | PART 2. OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATE | D TO THE TERM | INAL DISEASE | OR CONDITIO | N GIVEN IN | PART 110 | 3 | _ |
| | & Acute rend | Soule | ine " | | | | | | | | | |
| 5 | ACUL COLLEGE OF OPERATION 210. ACCIDENT WAS UNDERLYING [| | TION FOR WHICH | OPERATIO | N WAS PERF | ORMED | 200 AUTOP | | . IF YES, WER | | | |
| 4 | THE STATE OF THE S | | | | | | YES 🗌 | NOS | YES 🗌 | CACOES | NO 🗌 | |
| | 210. ACCIDENT WAS UNDERLYING | 216. TIME O | FINJURY M. MONTH DA | Y YEAR | 21c. HOW I | NJURY OCCUR | RED (ENTERNATU | RE OF INJURY IN I | TEM 18 PART 1 OF | PART 2) | | |
| 7 | OR CONTRIBUTING CAUSE OF DE | AIR | | 19 | | | | | | | | |
| 1 | (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | 21e PLACE | OF INJURY | ARM ETC) | 211 LOCAT | | | CITY OR TOWN | cc | VINU | STATE | |
| | WHILE IT NOT WHILE IT | 12 | The second second | | | | | | | | | |

NDING PHYSICIAN: The ö etained by the hospital HOSPITAL

ony

If Hem 21 is morked or Hem 18 shows

IMPORTANT

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

23b. DATE

22a.1 certify that 🗶 (this hospital) attended the deceased from

sow the deceased alive on DECEMBER 22 above, Ut (we) (did) (did) (view the body dire) death.

NOT WHILE

AT WORK

(SPECIFY)

Buria]

226. SIGNATURE

23c NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

NOVEMBER

85

ATTENDING

23d. LOCATION

MEDICAL

and that in () (aur) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

STAFF

Maryland

22c. DATE SIGNED

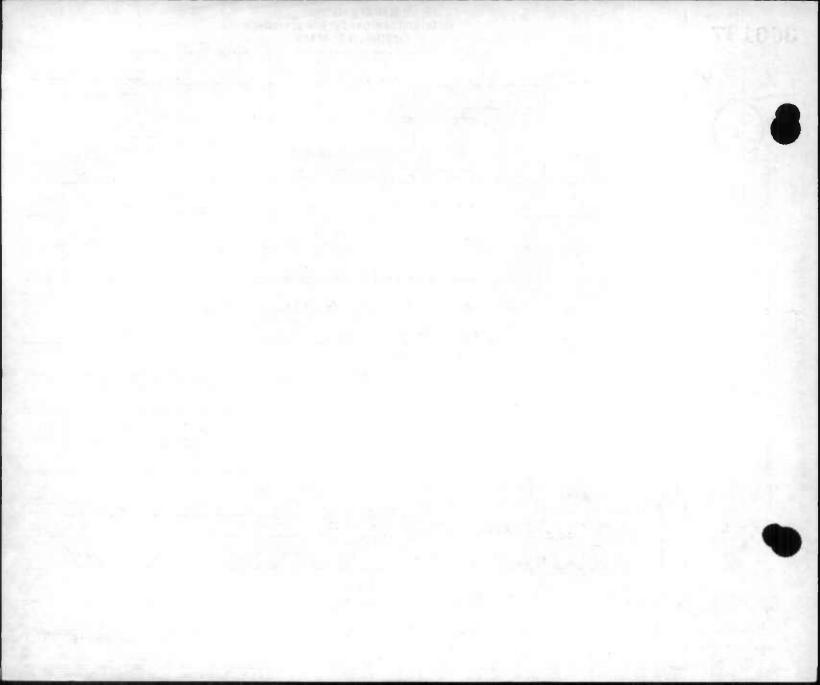
24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

12/24/85 Garden of Faith

Baltimore, Lane 250. DATE-REG DI BY REGISTRAN 256. REGISTRAN DE CHATURE 21213

SCHIMUNEK FUNERAL HOME, Balto, Md.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

| | REGISTRAR | | | | CERTIF | ICATE OF DEATH | F | REG. NO. | | 1 |
|--|-----------------------------------|----------------------|-----------------------|---------------------------|-----------|----------------------------|---------------------|-----------------------|-------------------|--|
| | CEASED NAME | FIRST | | MIDDLE | l | AST | 2a DATE OF DE | | DAY YEAR | 26 HOUR |
| (ITP | | ETHE | L | M. E | BROC | KMAN | DECEMBE | R 31, 1 | 985 | 2:15 a |
| 180 | X | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS | | MONTHS DA | |
| | Femal | е | Whi | te | Apr | 1 8, 1896 | 89 | YR | | TS HOURS MIN |
| | IRTHPLACE (STATE O | R FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER MARRIED | 9. BALTIMORE | CITY OR COUN | ITY OF DEATH | |
| | MD | | U | SA | WIDOWE | | Balti | more Ct | ty | M |
| D C | ITY OR TOWN OF D | EATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 17a USUAL OCC | | | D OF BUSINESS OF |
| | Raltimore | 2 | Marula | and Gener | al Ho | spital | Home | maker | Ov | vn Home |
| ₩5U 13a. : | ACRESTDENCE (IF NO STATE MD | 136 COUN | | 136 CITY OR TOW Balto | N | 13d INSIDE CITY LIMITS? | 2219 W | RESS / ZIP CO | ers Av | e., 2120 |
| 4 F | ATHER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | | IDD I F | | |
|) | Jacob | | niel | Ortel | | Mary | | melia | C | ook |
| | WAS DECEASED EVE | | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | | ADDRESS | | |
| , | No | (IF YES, OIV | E WAR OR DATES) | 213 20 6 | 5932 | Roland D. | Ortel, | Ellico | tt City | , MD |
| | 18 CAUSE OF DEA | TH Enter on | ily ane cause pe | r line far (a), (b), and | d Ic+ I | | | | BETWE | OXIMATE INTERVAL EN ONSET AND DEATH |
| | PART I. DEATH | WAS CAUSE | D BY: IF CAUSE (a) | Cardio-Re | spira | tory Arrest | | | 4 1 | minutes |
| DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| Conditions, if ony, which (b) Chronic Renal Fallure | | | | | | | | 1 1 | year | |
| | gove rise to in | nmediote |) | R AS A CONSEQUE | | | | | | |
| | underlying cau | | (6) | IN AS A CONSEQUE | INCE OF | | | | | |
| | PART 2. OTHER SIG | GNIFICANT | CONDITIONS C | ONTRIBUTING TO [| DEATH BUT | NOT RELATED TO THE TERM | NINAL DISEASE O | RCONDITION | GIVEN IN PART | 110 |
| O | | | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPER | ATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPS | | YES, WERE FIN | IDINGS USED SES OF DEATH? |
| 1 | | | | | | | YES N | | YES [] | NO [|
| CER | 710. ACCIDENT WAS U | | 110110 4 | OF INJURY .m. Month Da | AV YEAD | 21c. HOW INJURY OCCUR | RED (ENTER NATURE | OF INJURY IN ITEM | IB PART I OR PART | 2) |
| CAL | OR CONTRIBUTING | | 4111 | .M. MOITH DA | 19 | | | | | |
| MEDIC | 21d. INJURY OCCU | | ?1e. PLACE | OF INJURY | ADM EVC | 21f. LOCATION | | TY OR TOWN | COUNTY | STATE |
| × | WHILE NOT | WHILE | (AI HOME SI | REET, FACTORY OFFICE, F | AKM EIC] | 310161 | | | | |
| | 22a.l certify that | K (this haspi | tal) attended th | ne deceased fram | Decen | ber 3. 19.85 | | | L, 19 85 | that ((we) la |
| | saw the deced | sed alive an | Dece | mber 319 | 85 | nd that in 🎢 (aur) apınıan | deoth accurred or | the date and | haur and from t | the causes stated |
| | SIGNATURE | 4 | | 3 h | - | EGREE | | | 22c. DA | ATE SIGNED |
| | James. | 9 | 10 | | who | ATTENDING PHYSICIAN [| MEDICAL DIRECTOR | STAFF PHYSICIAN TO | 1 17 | 2/31/85 |
| | 224 SICIAN'S | VAME (TYPE C | | | 11 | 77e ADDRESS | | | | 1-1- |
| | JAMES | I. | DAMI | HLOUJI | - | c/o Maryla | and Gener | ral Hos | pital | |
| 23n | BURIAL, CREMATION | N. REMOVAL | | | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATIO | | | |
| | | | | | | | | | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 1/4/86

Woodlawn

Woodlawn,

MD

14 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

250. DATE REC'D. BY REGISTRAP 251 REGISTRAP'S SIGNATURE

The second secon

AM , of the offer of the common to the offer of the common to the common

. To the state of the state of

| 246005 | 1 | FOR - STATE REGISTRAR | DE | PARTMENT OF H | E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH | GIENE 8 5 | 3 3 | 5 1 |
|--|---------------|---|---|-----------------------------------|--|------------------------------------|---|----------------------------------|
| 346098 | | CEASED NAME BEATM | ILE C. | BROOKS | AST | 20 DATE OF DEATH M | ONTH DAY YEAR | 26 HOUR S: 30 AM |
| oge 4 may | 3. SE | F | RACE | 5. DATE (| | 6 AGE (IN YEARS LAST BIRTHI | YRS DAYS | |
| rer death. Per function of within 72 hours and at opper. | | COUNTRY | CITIZEN OF WHAT COU | MARRIE | D DIVORCED | 9 BALTIMORE CITY OR | times | MD. |
| Of the state of th | | ITY OR TOWN OF DEATH OPT ALRESIDENCE (IF NURSING HOME OR C | (IF NOT IN SUCH FACULTY GO | CE NOV | C Nursing Hom | 120 USUAL OCCUPATION | | OF BUSINESS OR Y |
| 24 h | 13a. | STATE 136 COUN' | | EBEFORE ADMISSION) R TOWN . HMORE | 13d. INSIDECITY LIAMS YES NOTHER'S MAIDEN NO | 13e.STREET ADDRESS / 123 W | . 29 th J | 7-2121 |
| executed within campletely fond 2 should be sh | | | AFD FORCES? THE SOCIA | OOKS | Tabi tha | MIDDLE | Già | dings |
| p p | | | WAR OR DATES) 215- | 32-1132 | Opholia | Williams 1 | 102 Cooks | Cane |
| that the death certificate by the attending physics remove carbon gare as remove carbon gare as, cremation, ar remodil r ather traumatic | | PART I. DEATH WAS CAUSED | DUE TO, OR AS A CONDUCTO, OR AS A CONDUCTO, OR AS A CONDUCTO, OR AS A CONDUCTOR | NSEQUENCE OF | tistu CAr | vien of | ULDA | TORSEL AND DEATH |
| equires the signed Then plee to buria | NO | PART 2. OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTION | IG TO DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR CONDI | TION GIVEN IN PART 1 | 10 |
| N. The law re hysician. Italian been ransit permit. Hygiene prior 18 shows any i | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES NO P | 206 IF YES, WERE FIND IN CERTIFYING CAUSE YES | DINGS USED ES OF DEATH? NO |
| HYSICIA Iding pl is certif burial-t Mental | MEDICAL CER | 21g. ACCIDENT WAS UNDERLYING OR CONTABBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 19 | 21t. HOW INJURY OCCUI | RRED (ENTER NATURE OF INJURY | IN (IEM 18 PART OR PART 2) COUNTY | SI ATE |
| ENDING PH Dital or attent TOR. After the for use as the I of Health and 21 is marked o | × | WHILE NOT WHILE AT WORK 220 1 certify that (1) (this haspite saw the deceased alive an | 11/29 | from | id that in (my) (our) opinion | to | 8 1988 | , that (l) (we) last |
| Olifer hass | | obove, (I) (we) (did) (did not 22b. SIGNATURE | m/c C | m | | MEDICAL STAFF DIRECTOR PHYSICIA | 1,2 | E SIGNED |
| TO HOSPITAL retained by the TO FUNERAL should be determined with the Store IMPORTANT: | | 22d. PHYSICIAN DIME | UMM) | MO | . 31,07 | MATPILLEC | ud 2/on | , |
| BP | 230. | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 12/13/85 | King Mer | emetery or crematory norial Park | Randam's | town COUNTY | STATE |

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERALDIRECTOR
William C. March F/H West 4300 Wabash Avenue

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATION OF THE DEC 10 1985

this certificate has been signed by the attendir should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cri IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar oth TO FUNERAL DIRECTOR: After

DHMH - 16 60M 7/84

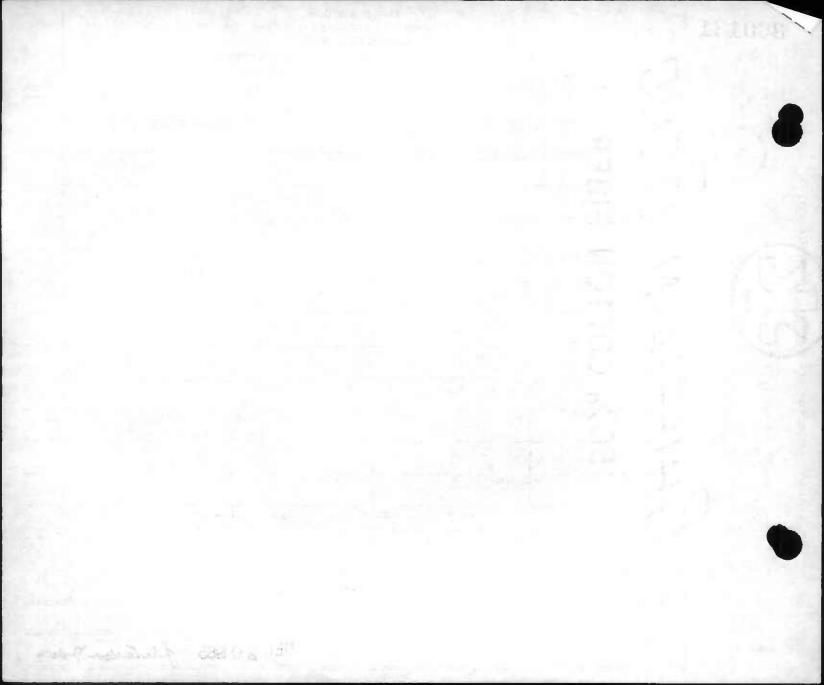
(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | 29 | uge | 1 | 1 | -3 |
|--------|----|-----|---|---|-----|
| 3 | 0 | 1) | 0 | 1 | 2, |
| DEC NO | | | | | - 1 |

| REGISTRAR | | CERTIFICATE OF DEATH | REG. N | 10. |
|---|--|----------------------------------|---------------------------------------|--|
| I. DECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH | MONTH DAY YEAR 26 HOUR |
| (TYPE OR PRINT) = //Za | beth | Brooks | | 12-19-85 1-30 |
| 3. SEX | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST B | |
| FEMALE | BLACK, | 3 , 06 1931 | 54 | MONTHS DATS HOURS MIN. |
| Ta. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY OF DEATH |
| MARYLAND | U. S. A. | | BALJ IMORE | CITY |
| 10. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPAT | TION 126 KIND OF BUSINESS OR |
| BALTIMORE | LUTHERAN HOSP | 'ITAL | ASSEMBLER | RUXTON CLEANE |
| USUAL RESIDENCE (IF NURSING HOME 13a STATE 13b, COI | | | 2 130 STREET ADDRESS | / ZIP CODE 411 N. EDGEWOO |
| MARYLAND | BALTIMOR | | ST. 2ND FL | . BALTIMORE, MD. 212 |
| 14 FATHER'S NAME FIRST | MIDDLE LAST | 15. MOTHER'S MAIDEN I | NAME | 100 |
| JOHN | MACK | ALLINE | | GERNITT |
| 160 WAS DECEASED EVER IN U.S. A | ARMED FORCES? 166 SOCIAL SECUI | RITY NO. 17 INFORMANT | 502DR | Ällendale Street |
| No. | 218-26-92 | 264 Loretta Sin | | imore, Maryland 2122 |
| | anly ane cause per line far (a), (b), and | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUS | ATE CAUSE (0) netasto | rtic Breast | Canler. | |
| | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| Conditions, if ony, which | (b) | | | |
| gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| underlying couse last. | (c) | | | |
| | T CONDITIONS CONTRIBUTING TO D | EATH BUT NOT RELATED TO THE TE | RMINAL DISEASE OR COM | DITION GIVEN IN PART 110 |
| 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | | | | |
| DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| IT - | | 100 | YES NO Y | YES NO |
| | DEATH HOUR A.M. MONTH DA | Y YEAR ZIE HOW INJURY OCC | URRED (ENTER NATURE OF INJ | JRY IN ITEM 18 PART I OR PART ?) |
| OR CONTRIBUTING CAUSE OF E | | 19 | | |
| 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FA | ARM ETC } 211 LOCATION STREET | CITY OR TO | OWN COUNTY STATE |
| AT WORK AT WORK | | | | |
| 220.1 certify that (1) (this has saw the deceased alive a | pital) attended the deceased from | . 19 | S , to 2 - | 19 8 , that (I) (we) last |
| obove, (I) (we) (did) (did) | nat I view the body after death. | | on death accurred on the c | date and hour and from the causes stated |
| 22b. SIGNATURE | | DEGREE ATTENDING | MEDICAL STA | 22c. DATE SIGNED |
| TO DUVE IS IAN HE NIAME | <u>w</u> | PHYSICIAN | | |
| 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | 220 ADDRESS | no hersnital | 1.730 Ashbullenst. |
| 117 . Mather | 7 | | · · · · · · · · · · · · · · · · · · · | Baltimore. |
| 230. BURIAL, CREMATION, REMOVA | | JAME OF CEMETERY OR CREMATOR | CITY OR TOWN | COUNTY STATE |
| Burial | 12/23/1985 Ar | butus Memorial Pa | ark | Baltimore, Md. |
| | FUNERAL HOME, INC | 250 | PALE REC'D. BY REGISTRAF | R25b. REGISTRAR'S SIGNATURE |
| 2501 GWYNNS FALL | S PKWY. BALTIMORE | , MD. 21216 | 2 0 1900 | Julia Davidson Randelle |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| DEC | NO | |
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| | WEC | SISTRAR | | MEL | DICAL EXAMIN | EK 2 CEKITE | CATEOF | DEATH | REG. NO. | | 1 1 |
|-----------------------|------------------------------|--|--|---|---|------------------------|--------------------------|------------------------|------------------|------------------------------|------------|
| | | PRINT) | FIRST | | MIDDLE | LAST | | II OF E | ESTI- | | EAR 26 HO |
| | | | ATTHEW | | | 00KS | | DEATH M | | 12-7-85 19 | YEAR 24 HC |
| 3. SE | M | Blace | cK 8 | | YEAR 6. AGE (IN YE. LAST BIRTHD. | AY) MONTHS DAYS | HOURS MI | PRONOUNCE DEAD | | 12-7-85 19 | 3:3 |
| 70.8 | OREIG | PLACE (STATE OR N COUNTY) EY AND | 7b. C1 | USA | AT COUNTRY? | 8. MARRIED N | EVER MARRIED DIVORCED | | more (| COUNTY OF DEAT | Н |
| 10. 0 | ITY (| Itimore | | | PITAL, NURSING HOME | | UTION 12 | | TION (TYPE OF | F WORK 12b. KIND C OR INC | |
| 13a. S | AL RI | ESIDENCE (IF IN NURSING | COUNTY | RINSTITUTION GIVI | 131. BTY OR TOWN | | PITY LIMITS? 13 | STREET ADDRESS | fen | ra. Bre | 7 |
| H | 76 | R'S NAME FIRST Vaham. | MIDD | BROS | As LAST | C | PIRST PROPERTY | D.00 | | Cleen | 14 |
| | | DECEASED EVER IN U | U.S. ARMED FO LES, GIVE WAR OR - 12-43 | DATES) | 214.16-7 | | h Hend | erson 34 | H13 W. | . FRANKLin | 54. |
| | ı | PART I DEATH WAS O | MEDIATE CAL | | rterioscler AS A CONSEQUENCE | | liovascu | lar disea | ise | | |
| | | Canditians, if any, gave rise to imm cause (a) stating the lying cause last. | rediate) | (b) | AS A CONSEQUENCE (| OF . | T. | 5 | | | |
| NO | PA | gave rise to imm cause (a) stating the lying cause last. | under- | (c) | AS A CONSEQUENCE (| | ON GIVEN IN PART I | io. | | | |
| TEICATION | | gave rise to imm cause (a) stating the lying cause last. | nediate under- DITIONS (ONTRIB | (c) | | INAL DISEASE OR CONDIT | | (c). | | 20 AUTO | |
| CALCERTIFICATION | 19 21/ UN | gave rise to imm cause (a) stating the lying cause last. | nediate under. | 19b. CONDITI | UT NOT RELATED TO THE TERM TON FOR WHICH OPER INJURY MONTH DAY YEAR 19 | INAL DISEASE OR CONDIT | PRMED? | (a). | Y IN ITEM 18 PAR | YES | |
| MEDICAL CERTIFICATION | 21s UN CC | gave rise to imm cause (a) stating the lying cause last. RT 2 OTHER SIGNIFICANT CON DATE OF OPERATION DATE OF OPERATION DETERMINED OR | NOTIONS CONTRIB | (c) 19b. CONDITI 21b. YIME OF HOUR A.M. P.M. 21e PLACE O | UT NOT RELATED TO THE TERM ION FOR WHICH OPER INJURY MONTH DAY YEAR | INAL DISEASE OR CONDIT | PRMED? | | | YES | |
| MEDICAL CERTIFICATION | 2110 UNCCC 2110 WA1 | gave rise to imm cause (a) stating the lying cause last. RT 2 OTHER SIGNIFICANT (ON a. DATE OF OPERATIO B. EXTERNAL CAUSE W. ADDERLYING OR ONTRIBUTING CAUSE INJURY OCCURRED HILE NOT WHIT WORK 22a. L'errify that I tool eath resulted fram: | IDITIONS CONTRIB | 19b, CONDITI 19b, CONDITI 21b, TIME OF HOUR A.M. P.M. 21e PLACE O STREET, FACTO | UT NOT RELATED TO THE TERM ION FOR WHICH OPER INJURY MONTH DAY YEAR 19 FINJURY (AT HOME. DRY, FARM, ETC.) | ATION WAS PERFO | Inspection (SECIFY) | ENTER NATURE OF INJURY |], and | YES COUNTY in my apinian | □ NO ST |
| MEDICAL CERTIFICATION | 210 UNCCC 210 WAT | gave rise to imm cause (a) stating the lying cause last. RT 2 OTHER SIGNIFICANT CON IDEAT CAUSE WAS A CONTRIBUTING OR ONTRIBUTING CAUSE WAS AT WORK ON THE CAUSE WAS A CONTRIBUTING AT WORK ON THE CAUSE WAS A CONTRIBUTING AT WORK ON THE CAUSE WAS A CONTRIBUTING OR CAUSE WAS A CONTRIBUTING AT WORK ON THE CAUSE WAS A CONTRIBUTION OF THE CAUSE WAS A CO | DITIONS CONTRIB | 19b, CONDITION OF HOUR A.M. 21b YIME OF HOUR A.M. 21c PLACEO STREET, FACTO | UT NOT RELATED TO THE TERM ION FOR WHICH OPER INJURY MONTH DAY YEAR 19 FINJURY (AT HOME. DRY, FARM, ETC.) | ATION WAS PERFO | Inspection (SPECIFY) | CITY OR TOWN | and i | YES | □ NO 51 |

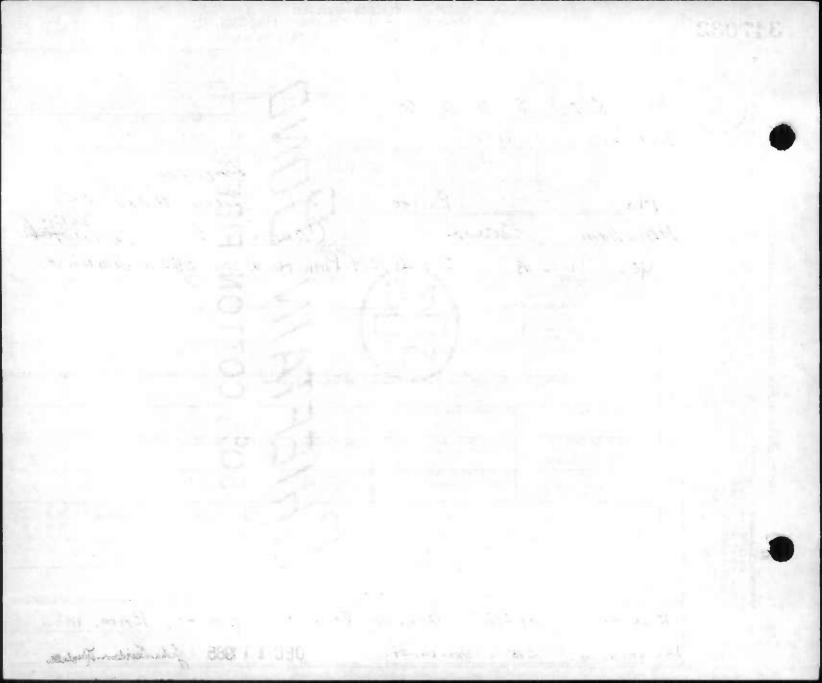
07/84 25M BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

DHMH - 17 (VR A15 ME (5))

MINCY M. WALLACE

- 400 W. BRHULIN



| 351082 | FOR - STATE REGISTRAR | DEPARTM | STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | CIENE 8 5 3 | 3 6 1 4 |
|--|--|---|--|--|--|
| | ECEASED NAME FIRST | WIDDLE | [AS] | 20. DATE OF DEATH MONTH D | AY YEAR 26 HOUR |
| 2 15 | PEORPRINT) | ſ. | BROOKS | DECEMBER 12.19 | 985 03:20AN |
| 0 00 15 | | 4 RACE | 5. DATE OF BIRTH | | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 1 15 | female | black | 8 13 1909 | 76 YRS | ONTHS DAYS HOURS MIN. |
| 1 77 | BIRTHPLACE STATE OR FOREIGN S.C. | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE CITY OR COUNTY | |
| またシン | CITY OR TOWN OF DEATH ALTIMORE | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A THE JOHNS HOP | | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Unemployed | 12b. KIND OF BUSINESS OR INDUSTRY |
| | UAL RESIDENCE (IF NURSING HOME OR . STATE 13b. COUN | OTHER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION) 136 INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CODE 21 N. Catherin | ne Street 21223 |
| THE STATE OF THE S | FATHER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | | 1467 |
| 1 300 | Samue 1 | Brown | Lillie | WIDDLE | Owens |
| | WAS DECEASED EVER IN U.S. AR | | RITY NO. 17 INFORMANT | ADDRESS | |
| N 069 11 | (YES, NO OR UNKNOWN) (IF YES, GIVEN | 218-01-3 | 668 Dorothy Johns | son 21 N. Catherin | ne Street |
| 1 197 | 18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE) | ly ane cause per line far (a), (b), and BY: | (cs) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| A SEE | | E CAUSE (a) CARDIOP | ULMONARY ARE | 285T | ISMIN |
| CO Constitution of the Con | Canditians, if any, which | DUE TO, OR AS A CONSEQUE | NCE OF ENAL FAILURE | | · 10 years. |
| A cremit | gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUEI | | | 15 years. |
| a de la | PART 2 OTHER SIGNIFICANT C | | EATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVE | N IN PART Ita |
| There of No. | DETERSIOR ATTOM | 14 NEUROLO | GICAL STATUS ; | S/P NEAR ARRE | ST X Z |
| A The law requirements have been signatured from the permit The disperse anion to 1 8 shaws any relieur | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH (| OPERATION WAS PERFORMED | | WERE FINDINGS USED ING CAUSES OF DEATH? |
| 24 382 47 / | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. MONTH DA | Y YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18 PA | RT 1 OR PART 7) |
| S PHYSICU thending in the buriel and Merital and or frem | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FA | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| ENDING Int ac o Con Afte Health | 220.1 certify that (1) (this haspit saw the deceased alive an | al) attended the deceased fram | it 18 , 19 85 | to 12/12 1 death accurred an the date and hour | 9 85, that (I) (we) last |
| OF ATT of hospin school to Dept of them 21 | abave, (I) (we) (did) (did na 22b SIGNATURE | view the body after death. | DE GREE ATTENDING | | 22c DATE SIGNED |
| FRAL Stote | 22d. PHYSICHAN'S NAME (TYPEO | Cl. fulle | PHYSICIAN [| | 12/12/85 |

DHMH - 16 60M 7/84

ould be detact

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

23b. DATE 12/17/85 23c. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park Arbutus

JOHNS

MD

HOPKINS

COUNTY

William C. March F/H West 4300 Wabash Avenue

MD

REGISTRAR 256 REGISTRAR'S SIGNATURE wercoon-Handale

HOSPITAZ



| | | FOR | | DEPARTA | | E OF MARYLAND REALTH AND MENTAL HYC | SIENE 8 5 | 3 : | 3 6 1 | 3 |
|--|---------------|---|----------------------------|------------------------|---------------|--|---------------------------------|---------------------|---|----------------------|
| 353014, | 1 - | STATE REGISTRAR | ohn Wil | liam Bro | CERTIF | ICATE OF DEATH | REG. N | 0. 12/ | 14/85 | |
| Sy be | | CEASED NAME DIRST | , | WIDDLE | 0 | DUGHTON | 20 DATE OF DEATH | Z /Y | FS 1 | PA |
| a may | 3. SE) | | 4 RACE | | 5. DATE (| | 6. AGE (IN YEARS LAST BI | | UNDER TYEAR IF UN | NDER 24 HRS |
| | | Male | Cau | | 8/ | 6/18 | 67 | YRS | FDFAYII | |
| 7. P. 2. P. | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF | WHAT COUNTRY? | | D X NEVER MARRIED | 9 BALTIMORE CITY | | PUEAIR | |
| deo deo | 10.01 | Balto . Md. | USA | HOSPITAL NURSIN | WIDOW | DR OTHER INSTITUTION | Baltimo | | 12 KIND OF BUS | MD. |
| by the filled will | | Balto. | Fran | CHEACHITY, GIVE STREET | ott K | | Clerk | | & Seal | Cork |
| The state of the s | 13a S | AL RESIDENCE (IF NURSING HOME STATE 136 CO | | 13c. CITY OR TOW | N | 134 INSIDE CITY LIMITS? | 13e.STREET ADDRESS | | 13 61 | 21224 |
| (1 1 1 | 14. F.A | THER'S NAME | | Baile | • | YES X NO | 6709 O' | bonne. | LI St. | 21224 |
| | | Gilbert Bro | MIGhton | ŁAST | | Mary Ke | MIDDLE MIDDLE | | (AST | |
| 0 × 0 | | VAS DECEASED EVER IN U.S. | ARMED FORCES? | 16b SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDR | ESS | - | |
| Poge Poge | () | Yes W | GIVE WAR OR DATES) | 217-09- | 7317 | Alberta F | Broughton, | same | addres | S |
| sicion of. | | 18 CAUSE OF DEATH (Enter | only one couse pe | | | | | | APPROXIMATE I | NTERVAL AND DEATH |
| certifice ng phy banpa r remav ic event | | PART I. DEATH WAS CAU IMMED | ISED BY: IATE CAUSE (a) | CARDIO | NUCN | ONARY AK | RESI | | 45 n | ~in |
| th ce carbin arric | | | DUE TO, C | OR AS A CONSEQUE | NCE OF | 12.0.21 | | | (1 | |
| a dep nave nation traun | | Conditions, if any, which gave rise to immediate | (b)_ | 17910 | EN | 15102 | | | 6 W. | 7 |
| that the d by the ease rer al, crem or ather | | cause (a), stating the underlying cause last | DUE TO, C | DR AS A CONSEQUE | ENCE OF | NONE | | | | |
| equires n signe Then pl r ta buri injury, a | NOI | PART 2. OTHER SIGNIFICAN | ETASTAT | ONTRIBUTING TO I | DEATH BUT | NOT RELATED TO THE TERM | 0 0 | IDITION GIVEN | IN PART 110 | 643 |
| on. hos been the permit tene prior tows any is | CERTIFICATION | 190 DATE OF OPERATION | 196. CONE | DITION FOR WHICH | OPERATION 1/1 | ON WAS PERFORMED | 200 AUTOPSY? | | VERE FINDINGS L NG CAUSES OF D NO | |
| PHYSICIAN: The ending physicion this certificate has build-transit p ad Mental Hygien d ar them 18 show | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DAME OF (IF EITHER, NOTIFY MEDICAL EXAM) | HOUR A | | YEAR 19 | 21c HOW INJURY OCCUR | RED (ENTERNATURE OF INJI | JRY IN ITEM 18 PART | I OR PART 2) | |
| O PHYSI attending the buri | MEDICAL | 214. IN JURY OCCURRED | 21e PLACE | OF INJURY | ARM, ETC.) | 211 LOCATION STREET | A CITY OR TO | OWN | COUNTY | STATE |
| Afr Se og mor | | 220.1 certify that (1) othis ha | spital attended t | he deceased from_ | (| 19 19 8 | 5 10 12 | 14_ 19 | E. that | (l) (we) lost |
| RATTENDING haspital ar att RECTOR. After had far use as the pet: af Health a tem 21 is market | | saw the deceased the above, (I) we did this | on 12 (| y ofter death. | 15.0 | nd that in (my) (our) opinion | death occurred an the | late and hour a | nd from the couse | s stated |
| OR A DIREC Iched Dept. | | 226. SIGNATURE | 1/ | | | DEGREE ATTENDING | MEDICAL STA | FF / | 22c. DATE SIGN | ED/ |
| SPITAL d by th NERAL be deto e Store | |) | - (| arr | - 1 | PHYSICIAN | DIRECTOR PHYS | CIAN | 14/1 | 1/87 |
| O HOSPITAL TO FUNERAL Should be det with the State | | STUA | CT / | ATZ | 1 | 4940 | Barter |) Au | e 2/2 | 24 |
| F 2 1 7 1 F | 23o. 8 | BURIAL, CREMATION, REMOV | | | | CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | COUNTY | STATE |
| BP | 74 FI | Burial | | | | awn Cemeter | y Balto. TE REC'D. BY REGISTRAI | | R'S SIGNATURE | |
| DHMH - 16 50M 4/83 (VRA 15, 4) | 24.10 | SCHIMUMek F | | | | | TE REC D. DI RECISIRAI | | WINDS SIGNATURE | nimiale. |
| (400, 10, 3) | | 3331 Brehms | Lane, | Barto., | vid. | 21213 | DEC 1 7 19 | 50 | Print (400) | |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MADVIAND FOR STATE

| | 216 | | THE PARTY IS | PHILIP | 4 |
|----------|------|------|--------------|--------|---------|
| EPARTMEN | T OF | HEAL | TH AND | MENTAL | HYGIENE |
| C | ERT | FIC | ATE OF | DEATH | |

| Brown . | 27 | -7 | | - 7 | 1 |
|---------|----|----|---|-----|---|
| 2 | 0 | V | Q | | 0 |
| REG. NO | | | | | |

| REGISTRAR | | CERTIF | ICATE OF DEAT | n | REG. NO | | |
|--|--|----------------------|-------------------------|-------------------|--|---|----------------------------------|
| 1 DECEASED NAME FIRST (TYPE OR PRINT) PALLA | MIDDLE | BROC | AST | 2e DATE | OF DEATH MONTH | DAY YEAR | 2h HOUR |
| 3 SEX | 4 RACE | 5. DATE C | | | IN YEARS LAST BIRTHDAY) | IF UNDER ! YEAR | IF UNDER 24 HRS |
| MACE | Black | MONTH | 3 /16/1 | 716 | 9 YR YR | MONTHS DAYS | HOURS MIN. |
| BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT CO | | D NEVER MARRIE | P BALTH | MORE CITY OR COU | NTY OF DEATH | |
| Md | USA | WIDOWE | DIVORCE | | altimore | city | MD. |
| Baltimore | 11. NAME OF HOSPITAL (# NOT IN SUCH FACILITY, I | GIVE STREET ADDRESS) | OR OTHER INSTITUTION | (TYPE OF V | AL OCCUPATION WORK FOR MOST OF WORKIN | | OF BUSINESS OR |
| SUAL RESIDENCE (# NURSING HOME OR 13b COUN | ITY 13c. CITY | 9R TOWN | 13d. INSIDE CITY LIM | 4 | ET ADDRESS | 21207 | Apt 427 (|
| 14. FATHER'S NAME | | timore | 15. MOTHER'S MAID | ENNAME | 21 Wina | son Gan | yer |
| Joseph | | nwn | Mary | ha | MIDDLE | A / | 1/A |
| | MED FORCES? 16b SOC | IAL SECURITY NO. | 17 INFORMANT | 1 | ADDRESS | 1 . 1 | 4270 6 |
| | W11 214 | -01-4541 | Annette | Husti. | , 2121 U | Indsor | Garden |
| 18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE | DBY. D. | on (b), and ich | Inthouse | lar con | Matrix | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| IMMEDIAT | DUE TO, OR AS A CO | | | | 1777 | | |
| Conditions, if ony, which | | | | | | | |
| gove rise to immediate couse (a), stating the | DUE TO, OR AS A CO | | vel Jusema | | | | |
| underlying cause lost | (c) ohten | die of | SMA Celia | e und | akun | | |
| PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUT | TING TO DEATH BUT | NOT RELATED TO TH | E TERMINAL DISE | ASE OR CONDITION | GIVEN IN PART 1 | 0 |
| 2 acut 1 | ind Jacke | 1 | almoney | | ceincy | | |
| 190 DATE OF OPERATION 1913/85 210 ACCIDENT WAS UNDERLYING | 196. CONDITION FOI | r which operation | 1000 | to YES | | YES, WERE FINDIN RTIFYING CAUSES YES [] | |
| 00.000.000.000.00 | | NTH DAY YEAR | 21c. HOW INJURY C | OCCURRED (ENTER | NATURE OF INJURY IN ITEM | 18 PART I OR PART 2) | |
| (IF EITHER NOTIFY MEDICAL EXAMINER | | 19 | | | | | |
| OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED | 21e PLACE OF INJUR | | 21f. LOCATION STREET | | CITY OR TOWN | COUNTY | STATE |
| AT WORK NOT WHILE AT WORK | | | 1, | | | | |
| sow the deceased alive on | 12/2/20 | | 19_ | to | 143 | | that (I) (we) lost |
| above, (I) (we) (pid) (d/d/not | view the body ofter deo | th. | DEGREE | pinion deoth occu | rred on the date and | | |
| Jes Signature | uli | 1 | 1. ATTEND | ING MEDICA | AL STAFF | 22c. DATE | SIGNED |
| 22d PHYSICIAN'S NAME HYPEO | PRINT) | | 22e ADDRESS | | Α- | . 14 | |
| ARMANDO | Speri | | 100 | CATOM | 1106 1 | Ell -170 | 21234 |
| 23a BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c NAME OF C | EMETERY OR CREMA | TORY 23d LO | CATION ITY OR TOWN | COUNTY | CTAIR |
| Burial | 12/9/85 | Garrison | | et ou | Mil | 1s | MD |
| 24 FUNERAL DIRECTOR | | ADDRESS | 2 | Sa. DATE REC'D & | POP TORES | HSTRAR'S SIGNAL | THE PRINCIPLE |
| William C. March | F/H West 4: | 300 Wabash | Avenue | ULU | 0 1000 | 100 | |

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicialist should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygrene prior to burial, cremation, or removal. MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

Athe funeral director, page 3 ed within 72 hours after death

executed within 24 hours after death. Page

FOR
- STATE
REGISTRAR

STATE OF MARYLAND DI

| - | INIL | OI IMPIN | Philip | | |
|----------|-------|----------|----------|---------|----|
| PARTMENT | OF HE | ALTH AN | D MENTAL | HYGIENE | €, |
| CE | RTIFI | CATEO | FDEATH | | |

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| ۰ | •• | | | REG. | N(|
| - | _ | | _ | _ | _ |

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| | | | | | | | | REG. NO | J. | | | |
|-----|---------------|---|-----------------------|------------------------|--------------|-----------------------|--------------|---|-------------------|----------------|-----------|----------|
| 1 | | CEASED NAME FIRST | M | IDDLE | L | A\$1 | | | MONTH DA | YEAR OC | 26 HOL | IRO |
| 1 | | IRVING | LA | FAYETTE | BI | ROWN JR. | | | 12 0 | 02 | 0 | AM |
| 1 | 3 SEX | (| 4 RACE | | 5. DATE C | | YEAR | 6 AGE IN YEARS LAST BIRT | _ | ONTHS DAYS | IF UNDER | R 24 HRS |
| | MA | LE | BLACK | | 6 | 24 31 | | 54 | YRS | JATS DATS | HOURS | Milly |
| | | RTHPLACE (STATE OR FOREIGN | 16 CITIZEN OF W | HAT COUNTRY? | 8 | D NEVER MAR | DIED [| 9 BALTIMORE CITY O | R COUNTY O | OF DEATH | | |
| 500 | | RYLAND | US | | WIDOWE | | RCED XX | CITY | | | | MD. |
| | | TY OR TOWN OF DEATH | | | IG HOME C | R OTHER INSTITU | - | 120 USUAL OCCUPATI | | 126 KIND O | F BUSIN | |
|) | RΔ | LTIMORE | 5104 | GOODNOW | | APT G. | | RETIRED | WORKING LIFE) | INDUSTRY | | |
| ,39 | USUA | AL RESIDENCE (IF NURSING HOME C | OR OTHER INSTITUTION, | GIVE RESIDENCE BEFORE | E ADMISSION) | | | | 71 | 721 | | |
| b | 13a S | RYLAND 136 COU | NIY | BALTIMO1 | | YES XX NO | | 13e STREET ADDRESS 5104 GOOD! | INU DA | AD APT | 0 | |
| | | THER'S NAME | | DALITMUI | KE | 15 MOTHER'S MA | 1 | D. C. | NOW ROA | W API | (7 | |
| 3 | TO | FIRST | WIDDLE | LAST CALL OF | 0 | FIRST | | WIDDIE | | LAS | ·Τ | |
| - | | VING L. | PMED FORCES? | BROWN ST | | SADDI 17 INFORMANT | .t | ADDRE | 55 | BROWN | | |
| 1 | | ES, NO OR UNKNOWN) (IF YES, GIT | VE WAR OR DATES | 100 SOCIAL SECO | KITTI4O. | | | | | | | |
| | | YES | | | | <u> CHARLEN</u> | IE BRO | WN 2875 MA | AYFIEL1 | | 212 | 13 |
| 1 | | 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly one couse per l | ine far (o), (b), and | d (c) | | 00 | 00 0 | A | BETWEEN | ONSET AND | DEATH |
| | | | TE CAUSE (a) | mitu | tal | c smu | U Car | Il lling | CHECK | 1 8 | MO | NTH |
| | | | DUE TO, OR | AS A CONSEQUE | NCE OF | | | ı | | | | |
| 1 | | Canditians, if any, which | (b) | | | | | | | | | |
| | | gove rise to immediate cause (a), stating the | DUE TO OR | AS A CONSEQUE | ENCE OF | | | | | | | |
| 1 | | underlying cause lost | (5) | | | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ntributing to [| DEATH BUT | NOT RELATED TO | THE TERMI | nal disease or con | DITION GIVE | N IN PART 10 | 5 | |
| | CERTIFICATION | | | | | | | | | | | |
| | CAT | 19a DATE OF OPERATION | 19b CONDIT | ION FOR WHICH | OPERATIO | N WAS PERFORM | ED | 200 AUTOPSY? | | WERE FINDIN | | |
| | III | | | | | | | YES NO | YES | - CAUSES | NO [| |
| 7 | CER | 210, ACCIDENT WAS UNDERLYING [| - 1 | | VEAD | 21c. HOW INJUR | RY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18, PAR | T 1 OR PART 2) | | |
| / | AL | OR CONTRIBUTING CAUSE OF DE | Ain . | N. MONTH DA | AY YEAR | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE C | F INJURY | - | 211 LOCATION | | | | | | |
| 1 | W | WHILE NOT WHILE AT WORK | (AT HOME, STRE | ET, FACTORY, OFFICE, F | ARM, ETC.} | STREET | | CITY OR TOV | N | COUNTY | 5 | TATE |
| | | 22a.1 certify that (1) (this hase | oital) attended the | deceased from | AUG | UST | 1085 | to | . 19 | 9 | tha | we) last |
| | | saw the deceased alive a | SEPTE | MBERIOS | 35 , or | nd that in (my (ou | r) opinian d | eath accurred an the do | | | couses st | ated |
| 4 | | abave, (1) (we) (did) (did n 22b. SIGNATURE | at) view the body o | itter deoth. | | DEGREE | _ | | | 22s. DATE | SIGNED | |
| | | December | P. | 00 41 | | ATTE | NDING 1 | MEDICAL STAF | | 100 | = | 97 |
| - | | 22d. PHYSICIAN'S NAME ITYPE | OP DP(NIT) | act 1:3 | | 22e ADDRESS | SICIAN | DIRECTOR PHYSIC | | 770 | 0.1 | ٠ |
| | | 100000000000000000000000000000000000000 | Q. 10 4 | term 4.1 | | | DIENS | HOPKINS | HEN | WITH 1 | PLA | N |
| 4 | | budites M | , FUILIO | EU, M. | 1). | | 3 AC | IMORE | <u>MD.</u> | マーナ | 07 | |
| | 15 | URIAL, CREMATION, REMOVA. | | | | EMETERY OR CREA | MATORY | 23d. LOCATION CITY OR TOWN | C | OUNTY | ST | ATE |
| | | SURIAL | 12-13- | 85 ST. | . EDM | ONDS METH | | | COUNTY | MAT | RYLA | ND_ |
| | 24 FU | INERAL DIRECTOR | | ADDRESS | | | 250. DATE | REC'D. BY REGISTRAR | 25b. REGISTRA | AR'S SIGNAT | URELING | لعلال |
| | | E.L. PHILLIPS | 1721 N | ORTH MONI | ROE S | Γ | | FO TO 1905 | U | | | |

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the busiol-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumatic event, the medica

TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be

retained by the haspital or attending physicion.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR:

| | 13 |
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| HYSICIAN. The low requires that the death contricons on executed within 24 hours often death. Peanway be delined by Sicion. | In sertificate has been signed by the ottending physician and complicity tillion in by the functional particles business are now condensables. Pages, Land 2, though the filled within 22 from our devices the Marial Hygene prior to busin, cremotion, or removal or them is shown online. |
| CIA | ertification into the sem 1 |
| HYS | his con bur a Me |

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | | CERTIF | FICATE OF DEATH | | REG. NO. | | 1 |
|---------------|---|------------------------|--------------------------|------------|------------------------------|-------------|----------------------------|------------------|--|
| | CEASED NAME FIRST | | MIDDLE | | LAST | 2a DATE | OF DEATH MONTH | DAY YEA | R 2b HOUR |
| (TYP) | (TYPE OR PRINT) James | | | Brown | | Dece | December 14, 19 | | 7:15P _M |
| 3. SE | X | 4 RACE | | 5 DATE | | 6 AGE (III | YEARS LAST BIRTHDAY) | IF UNDER 1 Y | |
| | Male Black | | | MONT | | | 87 YRS | | ATS HOURS MIN. |
| 7a. B | IRTHPLACE (STATE OF FOREIGN | | WHAT COUNTRY? | 9 | | | ORE CITY OR COUN | | Н |
| | aryland | | U.S.A. | MARRIE | D NEVER MARRIED K | Balt | imore City | 7 | MD. |
| - | ITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | G HOME (| OR OTHER INSTITUTION | | LOCCUPATION | | D OF BUSINESS OR |
| | Baltimore | Mary | and Gener | cal He | ospital | (TYPE OF WI | ORK FOR MOST OF WORKING | LIFE) INDUS | RY |
| USU | AL RESIDENCE (IF NURSING HOM STATE 1136 CC | E OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | 134 INSIDE CITY LIMITS? | 112a STREET | ADDRESS / ZIP CO | DE | |
| | Md. | ,0,111 | Balto | | YES NO | | 1 W. Frank | | . 21201 |
| | ATHER'S NAME | | | | 15. MOTHER'S MAIDEN NA | AME | | | |
| | FIRST | MIDDLE | LAST | | Janie | | Agnes | B | rown |
| 16a \ | WAS DECEASED EVER IN U.S. | ARMED FORCES? | 16b SOCIAL SECU | RITY NO. | 17 INFORMANT | | ADDRESS | | 20785 |
| | YES NO OR UNKNOWN) (IF YES | GIVE WAR OR DATES) | 578-26-1 | 800 | Luveina A. | Brown | 1114 Hill | | Landover, Mo |
| - | 18 CAUSE OF DEATH (Enter | anly ane cause ne | line for (n) (h) on | dici | | | | APP | PROXIMATE INTERVAL EEN ONSET AND DEATH |
| | PART I. DEATH WAS CAL | JSED BY. | | | bly Pneumonia | | | 3,111 | The Contract of the Contract o |
| | IMMED | MATE CAUSE (U) | | | | | | | |
| | | | R AS A CONSEQUE | | 7 1 1 | D.J. 1 | de Como | | |
| | Conditions, if any, which | | Denydrati | Lon, | Hyperosmolar | Diabet | ic Coma | _ | 5.3 |
| | couse (0), stoting the | DUE TO, O | R AS A CONSEQUE | | | | | | |
| | underlying cause last. | (c)_ | Dementia, | mul | tiple strokes | | | | |
| | PART 2 OTHER SIGNIFICAN | NT CONDITIONS C | ONTRIBUTING TO L | DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEA | ASE OR CONDITION C | IVEN IN PAR | T 1(o) |
| O | | | | | | | | | |
| CAT | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AU | | | NDINGS USED |
| CERTIFICATION | | | | | | YES | . / | YES T | NO [] |
| CER | 21a. ACCIDENT WAS UNDERLYING | | | | 21c. HOW INJURY OCCUR | RED (ENTER | NATURE OF INJURY IN ITEM I | 8 PART I OR PART | (2) |
| | OR CONTRIBUTING CAUSE OF | DEATH | M. MONTH DA | | | | | | |
| MEDICAL | 216 INJURY OCCURRED | | M. OF INJURY | 19 | 21f LOCATION | | | | |
| ME | WHILE NOT WHILE AT WORK | EAT HOME ST | REET, FACTORY, OFFICE, F | ARM ETC) | STREET | | CITY OR TOWN | COUNTY | STATE |
| | AT WORK | | | Dacar | nber 9, 10 85 | | ecember 14 | 25 | 7. |
| | 22a.1 certify that (A this has sow the deceased alive | ospital) attended the | e deceased from | 15 | Wer 9, 19 05 | | | 19 85 | , that (# (we) lost |
| | obove, (K (we) (did) (| 0301 view the body | after death. | , 0 | nd that in (m) (aur) apinion | deoth occur | red on the date and h | our and from | the couses stated |
| | 22b SIGNATURE | 200 | 0.0 | 0 | PEGREE | | | 224 D | ATE SONED |
| | 1 | 1010 | warny | 1/1 | ATTENDING PHYSICIAN | DIRECTO | R PHYSICIAN | 1/2 | 114/15 |
| | 224. PHYSICIAN'S NAME (TO | PE OR PRINT) | | 10.0 | 22e ADDRESS | | | 1 | 11/ |
| | P. | MAD | DU U | 11110 | c/o Marvla | and Ge | neral Hosp | ital | 6 |
| 0.0 | 4 " (| 1 1 0 | | 14445 05 | | | | | |
| | BURIAL, CREMATION, REMOV | | | NAME OF (| CEMETERY OR CREMATORY | | CATION ITY OR TOWN | COUNTY | STATE |
| | Removal | 12/17 | //85 | | | | | | |

should be detached for with the State Dept. af I

DHMH - 16 60M 7/84 (VRA 15, 4)

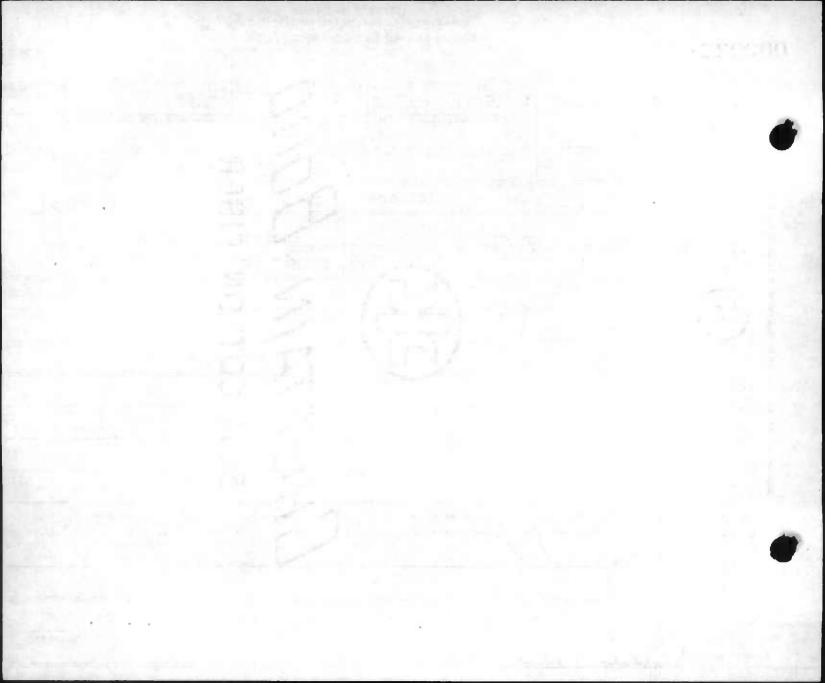
Anatomy Board

24 FUNERAL DIRECTOR

Balto., Md.

25 DATE REC'D. BY REGISTRAR IN REGISTRAR'S SIGNATURE Julia Varidoon

DEL 2 DESE J. C. C. L. C



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR STATE

STATE OF MARYLAND

| 9 | | REGISTRAR | | CER | TIFICATE OF DEATH | REG. NO. | |
|-------|---------------|---|----------------------|------------------------------|--|--------------------------------------|--|
| - 1 | | CEASED NAME FIRST | WIDDLE | | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| -4 | (TYPE | LEROY | | | BROWN | 12 | 12 85 840 1. |
| 1 | 3 SE | | 4 RACE | 5. DA | TE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | | MAIF | BLACK | ~ | 3 28 08 | 77 | MONTHS DATS HOURS MIN. |
| Am 10 | 7a BI | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT C | OUNTRY? 8. | | 9. BALTIMORE CITY OR COU | |
| 15 | | ENNSYLVANIA | 115 A | | RRIED NEVER MARRIED | BALTIMORE | |
| | | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITA | | OWED DIVORCED DIVORCED ME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| 24 | B | ALTIMORE | | GIVE STREET ADDRESS | 11 | TYPE OF WORK FOR MOST OF WORKIN | NG LIFE) INDUSTRY |
| 1 | USU | AL RESIDENCE (IF NURSING HOME OF | | COURS DENCE BEFORE ADMISS | HOSPITAL | Engine Supply Man | 1224 Mochon St |
| 54 | 130 5 | ARYLAND 136 COU | VIY 13c CIT | Y OR TOWN | 134 INSIDE CITY LIMITS? | Baltimore, Mar | |
| ~ | | ATTLAND ATHER'S NAME | [Dd l | timore | YES X NO | | ylanu ZiZii |
| 250 | 1 | FIRST | WIDDLE | LAST | FIRST | WIDOLE | CAST |
| 94 | 12 | Jim | | Green | Lillian | 122/ Movebone C | Green |
| 1 | | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI | E WAR OR DATEST | CIAL SECURITY N | | 1334 Mosher S | |
| | | NO | 1705 | 1-12-46 | RAlice Brown | Baltimore, Ma | |
| | | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE | D BV | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | | TE CAUSE (o) | CARDIOF | ULMONARY | ARREST | Mundy |
| | | | DUE TO, OR AS A C | ONSEQUENCE C | OF COO | 201500 | 10 D |
| | | Conditions, if ony, which | ((b) 7 | ERMINAL | - COPD & | 15that the | Windles - Clay |
| | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A C | ONSEQUENCE | of a M | 11-000 | |
| | | underlying couse lost | (c) | | Kuller De | le lent believen | Entry buc - Jams |
| H | _ | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBL | JTING TO DEATH | BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION | GIVEN IN PART 110 |
| | JO. | ENEUMO | UIA, KENA | L FAIG | URE | 1236 | NO: |
| 9 | CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONDITION FO | OR WHICH OPERA | TION WAS PERFORMED | 20a AUTOPSY? 20b. IF | FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? |
| - | RTIF | | | | | YES NO | YES NO |
| 2 | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 110110 4 44 446 | | AR 21c HOW INJURY OCCUI | RRED (ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 7) |
| | CAL | (IF EITHER NOTIFY MEDICAL EXAMINE | 3111 | | 19 | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJU | | 21f. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | 2 | AT WORK AT WORK | | | 11. | - 1., | |
| | | 22a. I certify that (I) (this hasp | | sed from | 19 8 | | |
| | | sow the deceased alive or obove, (1) (we) (did) (did no | | 19 X | and that in (my) (our) apinior | death occurred on the date and | hour and from the causes stated |
| | | 276 SIGNATORE | | | DEGREE | 1 | 224. DATE SIGNED |
| | | (h V)h | m- | | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 12/16/80 |
| | | 226. PHYSICIAN'S NAME (TYPE | OR PRINT) | | 22e ADDRESS | 201010 | 1.0 |
| | | MMarus | F BEBUE | BALE | 1940 4. | bulk IT Val | K mc 2/22 J |
| | | BURIAL, CREMATION, REMOVAL | 23b DATE | 23c NAME C | OF CEMETERY OR CREMATORY | 236 LOCATION | |
| | 1 | Burial | 12/19/1985 | Marylar | nd National Mem.Par | k Laurel, | Maryland |

BP.

retained by the hospital

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper

PHYSICIAN: The

Maryland

24 Nutter: % Sons Funeral Home, Inc. 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

250. DATE REC'D. BY REGISTRAR 160. REGISTRAR SIGNAL OF THE PROPERTY OF THE PRO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| , | ~ | W | 60 | - | |
|---|---------|---|----|---|--|
| | 250 110 | | | | |

| 1 | , | FOR | DE | STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL | HACIENE 8 2 | 3 3 0 2 | 2 2 |
|---------------|---------------|---|------------------------------------|---|-----------------------------|--------------------------------------|------------|
| 12/8 | 1 - | STATE REGISTRAR | | CERTIFICATE OF DEATH | | NO | - 6 |
| 12/ | | EASED NAME FIRST | MIDDLE | £AS1 | 20. DATE OF DEAT | NO. H MONTH DAY YEAR 26 HO | OUR |
| | TYPE | ORPRINT) | (AIM) | TB. Realin | | 12 29 50 16 | :25AM |
| 3 | 3. SE) | . 14 | RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAS | | DER 24 HRS |
| | | Family | Black | MONTH DAY YEAR | 0 | 7 VRS MONTHS DAYS HOUR | MIN. |
| i. 17 | 7a BII | RTHPLACE (STATE OR FOREIGN 7 | L CITIZEN OF WHAT COU | NTRY? B | 9 BALTIMORE CIT | Y OR COUNTY OF DEATH | |
| 27 | (| OUNTRY) Md | DICA | MARRIED NEVER MARRIED | | Himore C: | W. MD |
| P O I | 10 CI | TY OR TOWN OF DEATH | | URSING HOME OR OTHER INSTITUTION | 120 USUAL OCCUP | PATION 126 KIND OF BUS | INESS OR |
| 多為 | | Baltimore | (IF NOT IN SUCH FACILITY, GIVE | • | (TYPE OF WORK FOR MC | OST OF WORKING LIFE) INDUSTRY | |
| 30.00 | ISU/ | L RESIDENCE (IF NURSING HOME OF C | | E BERDRE ADMISSION) | 1 17 Bart | 717 | 17 |
| PA | 13a. S | MI | Y 13t CITY O | the limited on the | 13ª STREET ADDRE | SS / ZIP CODE | - let |
| E 3// | 1 FA | THER'S NAME | 154 | 15 MOTHER'S MAIDE | N NAME | Druid It CAP | |
| 3/4 | | 1 | IDDLE | 10 / | MIDD | LE LAST | |
| 0 | Kn W | AS DECEASED EVER IN U.S. ARM | ED FORCES? 166 SOCIA | L SECURITY NO. 17 INFORMANT | ne/ | DDRESS C. C. C. C. C. | 20. |
| medice | | ES NO OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) 212 - | / | Farmer 1202 | BRADDISH AVÉ. | 2121 |
| 45.54 | | Orknown | | 0011 | | APPROXIMATE IN | NTERVAL |
| ent, the | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | one cause per line for (a), BY. | (b), and ic). | 1 . | APPROXIMATE IN BETWEEN ONSET A | AND DEATH |
| è | | IMMEDIATE | CAUSE (O) | 10 per monary | ALLEGA | | |
| froumatic | | | DUE TO, OR AS A CON | ISEQUENCE OF | | | |
| o | 9.3 | Canditians, if ony, which gave rise to immediate | (b) | | | | |
| her | | couse (a), stating the underlying cause last. | DUE TO, OR AS A CON | ISEQUENCE OF | | | |
| 0 0 | | | (c) | | | | |
| ury. | Z | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTION | G TO DEATH BUT NOT RELATED TO THE | TERMINAL DISEASE OR C | ONDITION GIVEN IN PART I a | |
| ony inju | CERTIFICATION | 190 DATE OF OPERATION | TIBL CONDITION FOR Y | WHICH OPERATION WAS PERFORMED | 20g AUTOPSY? | 20b. IF YES, WERE FINDINGS U | CED |
| ows or | FIC. | 140 DATE OF OPERATION | 170 CONDITION TOR | WHICH OPERATION WAS PERFORMED | | A IN CERTIFYING CAUSES OF DE | EATH? |
| Sho | ERT | 71n ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c. HOW INJURY O | YES NO | INJURY IN ITEM IS PART 1 OR PART 2) | |
| | | OR CONTRIBUTING CAUSE OF DEAT | LUCIUS A LA LACTURE | H DAY YEAR | CCORRED (ENTERNATURE OF | INJURI IN TEM IS PART OFFART 27 | |
| Hea | ICA | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | | |
| o p | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | OFFICE FARM ETC.) 21f LOCATION STREET | CITY | DR TOWN COUNTY | STATE |
| X X | | AT WORK AT WORK | | | | | |
| 8 | | 22a 1 certify that (1) (this hospital | | | | - 39 , 19 8 , that (I | |
| 121 | | saw the deceased alive an obave, (1) (we) (did) (did not) | view the bady ofter death. | _19 | pinian death occurred on th | ne date and haur and fram the couses | stoted |
| Hen | | 226. SIGNATURE | 1 20 | DEGREE | 11501511 | 22c. DATE SIGNE | ED |
| IT: If Item | | Sharon 4 | · me Cous | mach MD ATTENDI | | STAFF YSICIAN 20 12-a | 79-8 |
| TAN | | Sharon J. | Mc Corn | ack 1/2. v. of | HI Hora | 721 225 Green | , SY, |
| 0 | | O Valou | | | Total Control | 5. Or Cen | |
| NO N | 22. 2 | LIBIAL CREMATIONS RESIDENCE | 1994 DATE | | | | |
| IMPORTANT: IF | 23a B | URIAL, CREMATION, REMOVAL | 23b. DATE | 23¢ NAME OF CEMETERY OR CREMAT | CITY OF TOW | NIC COUNTY MARY | TAND |
| _ | Í | URIAL, CREMATION, REMOVAL SPECIFY) SURIAL INERAL DIRECTOR | 236. DATE 1-3-86 | ARBUTUS | ARBUT | NUS COUNTY MARY | LAND |



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poge 3 er deoth

director.

by the filed wit

STATE REGISTRAR DECEASED NAME TYPE OF PRINTS

COUNTRY MD 10 CITY OR TOWN OF DEATH

MD 14 FATHER'S NAME

No

John

underlying

Female JE BIRTHPLACE | STATE OR FOREIGN

Baltimore

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION G

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which

gave rise to immediate couse (a), stoting

couse

18. CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY

3. SEX

ETHEL

4 RACE

MIDDLE

IMMEDIATE CAUSE (0)____

E.

7b. CITIZEN OF W

11. NAME OF HO

| | DEPARTM | ENT OF H | E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH | GIENE \$ 5 | 3 | 3 0 | 2 4 |
|--------------|--|-----------|---|----------------------------------|--|--------------------------|--------------|
| , | MIDDLE | L. | AST | 20. DATE OF DEATH | MONTH DAY | YEAR 26 | HOUR |
| | Α. | BRU | JFF | 12/1 | 185 | 3 | 5:52PM |
| ACE | | S. DATE C | | 6 AGE (IN YEARS LAST BIRT | | | UNDER 24 HRS |
| White | 9 | ниом | ch 9, 1905 | 80 | YRS. | THS DAYS H | OURS MIN. |
| | WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY OF | | DEATH | |
| | SA | | NEVER MARRIED | _ | | | |
| | | WIDOWE | | Baltimo | | | MD. |
| | HOSPITAL, NURSING THEACILITY, GIVE STREET A | | ROTHER INSTITUTION | 12a USUAL OCCUPATION | | 12b. KIND OF B | JUSINESS OR |
| Unior | | | lospital | Clerk | | Sale | es |
| RINSTITUTION | GIVE RESIDENCE BEFORE : 130 CITY OR TOWN Balto | 1 | 13d INSIDE CITY LIMITS? YES [2]X NO [| 13e STREET ADDRESS / 3634 Old | | Road, | 21218 |
| E | Riley | | 15 MOTHER'S MAIDEN NA Eliza | MIDDLE | Ec | kman | |
| FORCES? | 166 SOCIAL SECUR | ON YTIS | 17 INFORMANT | ADDRE | SS | | |
| OR DATES) | 212 30 7 | 878 | Miss Janic | Miss Janice Bruff. | | | |
| | line for (a), (b), and | | Bleeding | | | APPROXIMA BETWEEN ONS | TE INTERVAL |
| AUSE (o) | | | 0 | | | | |
| DUE TO, O | r as a consequer | Reno | peritoneal at | scess | | | - M |
| DUE TO, O | r as a consequei | NCE OF | TT /comis | /Liver Faile | 0 | | |
| (c) | | <u> </u> | 17 120212 | ILIVER POUR | <i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u></u> | |
| DITIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | ninal disease or cond | ITION GIVEN | IN PART 110 | |
| 19b. COND | ITION FOR WHICH (| OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | ERE FINDING: | |

PART 2. OTHER SIGNIFICANT CONDITIONS COM

| 19a DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINE IN CERTIFYING CAUS | SES OF DEATH? |
|---|--|----------------------------|---------------------------|--|---------------|
| 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | YES | NO [] |
| 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) | 21f LOCATION STREET | CITY OR TO | wn COUNTY | STATE |
| 220.1 certify that (I) this haspital) a sow the deceased alive on above (I) wey aid (aid nat) vie | 12/1 19 85 00 | d that in my (our) opinion | | | |
| 22b SIGNATURE | | DEGREE | | 22c. DA | TE SIGNED |

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

STATE

22e ADDRESS

UNION MEMORIAL HOSPITAL

| Burial, CREMATION, REMOVA | L 23b. DATE | 23c NAME OF CEMETERY OR CREMATORY | 23d LOCATION | COUNTY |
|---------------------------|-------------|-----------------------------------|-----------------------------|-------------------|
| Burial | 12/5/85 | Loudon Park | Balto., | ME |
| LEUNERAL DIRECTOR HOY | ny W lenki | ne & Sone Co 1250 DAT | F REC'D BY REGISTRAR 25h RE | GISTRARIS SIGNATI |

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: , should be detached for use with the State Dept of Hea

MPORTANT: H

4905 York Road Balto., MD

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William E. E. Dillow Colleges Cold North Rosel, after State of the Cold North Rosel, after the Cold North Rosel, a

ellico 7778 (visa Jamica Geulff, - 5

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

executed within 24 hours ofter deoth. Page 4 may be

| 1. | FOR - STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 8 5 | 3 3 5 2 5 |
|---------------|---|--|---|--|--|
| | CEASED NAME FIRST | GUSTAVE DOLE | BRUNN | | 2 23 85 133 AM |
| 3. SE | MALE | 4 RACE WHITE | 5. DATE OF BIRTH MONTH FEB. 18,1893 | 6. AGE (IN YEARS LAST BIRTH | MONTHS DAYS HOURS MIN. |
| G | IRTHPLACE (STATE OR FOREIGN COUNTRY) ERMANY | 76 CITIZEN OF WHAT COUNTRY? USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY M 120 USUAL OCCUPATION (1996 OF WORK FOR MOST OF WORKING LIFE) PRESIDENT 12b. KIND OF BUSINESS OF INDUSTRY BALTO. SPICE | |
| | BALTIMORE | SINAI HOSPITAL | | | |
| 13a. | ARYLAND BAL | PROTHER INSTITUTION GIVE RESIDENCE BEFOR 136. CITY OR TOW BALTIMOR | RE YES NO X | 7910 LONGME | ZIP CODE EADOW RD. #21208 |
|) | ATHER'S NAME FIRST ABARHAM | BRUNN | 15. MOTHER'S MAIDEN NO OLGA | WIDDLE | BAUMBLATT |
| 1 | WAS DECEASED EVER IN U.S. AF [YES NO OR UNKNOWN] (IF YES, GI | IVE WAR OR DATES) | | S. BIANCA BRE ADOW RD. BAI | |
| | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF | | | | |
| NO | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | |
| CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | ONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR | | | |
| MEDICAL | 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I | | CITY OR TOW | N COUNTY STATE |
| | 220. I certify that (1) this hospital) attended the deceased from 19.52 to 12.23 19.53 that (1) (we) los sow the deceased alive on above (1) we) (did) (did not) view the body after death) 220. I certify that (1) this hospital) attended the deceased from 19.52 to 12.23 19.53 that (1) (we) los sow the deceased alive on above (1) we) (did) (did not) view the body after death) 220. Signature DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/23/85 | | | | |
| | COL DILIVETOLANCE ALALIE | | 22e ADDRESS | | |
| | 22d. PHYSICIAN'S NAME (TYPE | T 60058 | OLD JO SCOT | Adm Ad, | Codequell off |

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

OF 3 0 1085 Was Davidson-Randelle

BALTO., MD 21215

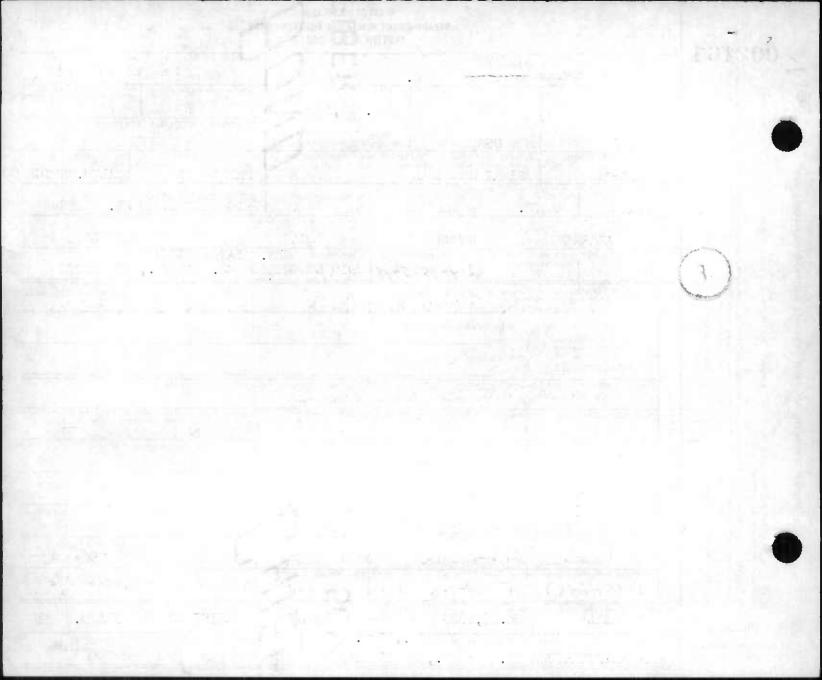
LEVINSON

DHMH - 16 50M 4/83 (VRA 15, 4)

74 FUNERAL DIRECTOR SUL LEVI 6010 REISTERSTOWN RD.

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physhould be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remain



(VR A15 ME (5))

1 - STATE

| DEC. | NIO | |
|------|-----|--|

| REGISTRAR | | | | CEKIII | FICATE OF DEATH | | REG. NO | Э. | | | |
|--|--|--------------|--|------------|-------------------------------|--------------|---------------------------|-----------------|-----------------|-------------|---------|
| I DECEASED NAME | FIRST | G | MIDDLE | | LAST | 2a. DATE | OF DEATH | HINOM | DAY YEAR | 26 HOUR | |
| S S | tanley | | | Burs | ak | Dece | ember | 12 1 | 985 | 7:55 | D M |
| 1 SEX | | ACE | | S. DATE | OF BIRTH | | N YEARS LAST BIRT | | IF UNDER I YEAR | IF UNDER 2 | |
| Male | | Wł | nite | MO19 | 26 1922 | | 63 | YRS | MONTHS DAYS | HOURS | MIN. |
| To. BIRTHPLACE (STATE OR | FOREIGN 7b. | CITIZEN OF | WHAT COUNTRY? | 8 | ED NEVER MARRIED | 9. BALTIN | ORE CITY O | R COUNTY | OF DEATH | | |
| New York | | U.S. | Α. | WIDOW | | Bal | timer | e Cit | ¥ | | MD. |
| 10 CITY OR TOWN OF DE | ATH 11. | NAME OF | HOSPITAL, NURSIN | G HOME | OR OTHER INSTITUTION | 12a USUA | LOCCUPATION | ON | 126 KIND C | OF BUSINES | - |
| Baltimore | | | the facility, give street of land Gene | | Hespital | | ork for most of zineer | F WORKING LIF | | s. St | 607 |
| USUAL RESIDENCE (IF NUR | | | GIVE RESIDENCE BEFORE | ADMISSION) | | | | | 121 | 250 | cer |
| 130. STATE | 13b. COUNTY | | 13c. CITY OR TOW | | 13d INSIDE CITY LIMITS? | | ADDRESS / | | | 00 | |
| Maryland 14 FATHER'S NAME | | - | Baltimo | re | YES NO | | last Pi | restor | Stree | τ | |
| FIRST | MIDE | OLE | LAST | | FIRST | -1716 | MIDDLE | | LAS | | |
| Lawrence | | | Bural | | Mary | | | | Wi | tasze. | |
| 160 WAS DECEASED EVER | IN U.S. ARMEL | | 166 SOCIAL SECU | | 17 INFORMANT | | ADDRE | 55 | | 13 | 417 |
| Yes | | II | 114-22- | 1254 | Michael Bura | k 3 9 | th Stre | eet Ne | ewYorkM | ills, | N. |
| 18 CAUSE OF DEAT | H (Enter only o | ne couse per | line for ray, (b), and | d (c) | | | | | BETWEEN | MATE INTERV | AL |
| PART I. DEATH W | AS CAUSED B | Y: (| | | Carcinema e | of The | Lune | | | | |
| | IMMEDIATE C | AUSE (0) | | | | | - was | | | | |
| | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | Conditions, if ony, which gove rise to immediate | | | | | | | | | | |
| couse (a), statu | couse (a), stating the DUETO, OR AS A CONSEQUI | | NCE OF | | | | | | | | |
| underlying couse | last. | (c) | | | | | | | | | |
| | NIFICANT CON | IDITIONS CO | ONTRIBUTING TO D | DEATH BUT | T NOT RELATED TO THE TERM | MINAL DISE | ASE OR CONT | DITION GIV | EN IN PART 1 | 0 | |
| Gastrein 19a DATE OF OPERA 21a ACCIDENT WAS UN | tentina | al Ble | eeding. (| Gastr | ric Ulcer | | | | | | |
| 190 DATE OF OPERA | TION | 196 COND | ITION FOR WHICH | OPERATIO | ON WAS PERFORMED | 200 AU | TOPSY? | | , WERE FINDI | | |
| 17. | | | | | | YES | NOF | IN CERTIF | YING CAUSES | OF DEATH | 1? |
| 210 ACCIDENT WAS UN | DERLYING [] | 71b. TIME C | F IN IURY | | 21c. HOW INJURY OCCUR | | | | | 140 | |
| 00.00017010117010 | | | M. MONTH DA | YEAR | THE THE STATE OF COME | CICED TENTER | MATURE OF HAJOR | CT IN TIEM TO F | ARTIOR PARTY | .0: | |
| I IF EITHER NOTIFY MEDI | | | M. | 19 | | | | | | 7.0 | |
| IF EITHER NOTIFY MEDI | | 21e PLACE | OF INJURY REET, FACTORY, OFFICE FA | ARM FIC) | 211 LOCATION STREET | | CITY OR TO | WN | COUNTY | STA | ATE |
| AT WORK AT WO | RK | | | | | | | | | | |
| 22a. I certify that | (this hospital) | ottended th | e deceased from | MOAGI | uber 14 19 85 | 2toI | Jecemb | er la | 19 05 | that X (w | e) lost |
| sow the deceas | ed alive on | Decem | ber 1219 | 85 | and that in (💇) (our) opinion | death accur | red on the do | ate and hou | ond from the | couses stat | ed |
| 77h SIGNATORE | did) (d X) X ot) vi | ew the body | ofter death. | | DEGREE | | | | 22c DATE | SIGNED | |
| 1// | // | 101 | | | MI) ATTENDING | MEDICA | L STAF | F | 13/ | 10/10 | |
| Notang | | ace | | - 1 | PHYSICIAN [| DIRECTO | R PHYSIC | IAN X | 121 | 17/8 | 0 |
| 22d PHYSICIAN'S | AME DIFFERENCE | H(I)- | | | 27e ADDRESS | | | | | | |
| Katheri | ne Lan | genfe: | lder, M. | D. | c/e Maryla | and G | eneral | . Hes | pital | | |
| 23a. BURIAL, CREMATION, | | | | | CEMETERY OR CREMATORY | 23d. LO | CATION | | | | |
| (SPECIFY) Buri | al | 12-16 | 5-85 Sta | anisl | aus-Casimir C | em. Wi | nitest | own . Or | riduos | ew Yo | rie |
| 24. FUNERAL DIRECTOR | | | | | 250 DA1 | TE REC'D. BY | REGISTRAR | 25 REGIST | RAR'S SIGNAT | URE | T 17 |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR:

MPORTANT: IF

and Mental Hygiene priar to burial,

(VRA 15, 4)

Marzullo Funeral Service

Upperco, Md.

DEC 1 6 1985 Jeolia Bevidson-Randelle

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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|---|---|----|-----|----|---|
| | 3 | 3 | 0 | 2 | 3 |
| - | | | | | |

| DIVISION OF VITAL RECORDS, 301 W. PRESTONST., BALTIMORE, MD. 21201 | TO MEDICAL EXPORTED FOR THIS CERTIFICATE SHOULD BE EXECUTED WHAT A HOW S AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CHE THATE, WRITING THE WORD "PENDING" IN PENDING THE STATE WRITING THE WORD 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXPORTED THE FORM PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIA WAS THE DEMONSTRATED BE THED, WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HIGH THE STATE DEPARTMENT OF HEALTH AND MENTAL HIGH THE DIVISION OF VITAL RECORDS, 301 W PRESTON STREET BAITMORE, MARYLAND, 21201 PRIORY BURACL, CREMATION, OF FEW ON THE PAGE 5 FOR STREET. |
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| DHA (V | AH-17 20M 1/73 R A 15 ME (5)) |

| 1.45 | | I COLOTIVAL | | | | | | | | | | 1150.1.0. | | | |
|------|---|---|---|---------------------------|--|--------------|---|---------------|------------|----------|-------------------|--------------|------------|------------|----------------|
| X | 1. DEC | EASED NAA | AE FIRST | | MIDDLE | 10 60 | | LAST | | | 20. DATE KN | 211. | MONTH | DAY YEAR | 26. HOUR |
| | | | NOR | RIS | 0. | | BL | JRGE | E | | DEATH M | ATED | 12 | 1 19 8 | 5 4400 |
| ì | SEX | | 4. RACE | 5. DATE OF BIRTH | YEAR 6 | AGE (IN YEAR | | DER 1 YR. | IF UNDER | | 2c. DATE | _ | MONTH | DAY YEA | R 2d HOUF |
| | | Λ. | W | 4/11/08 | | 77 .RS | | DAYS | HOURS | MIN | PRONOUNCE DEAD | 12 | 1118 | 5 19 | 3121 |
| 5 | 7a. BIF | THPLACE (| STATE OR | 76. CITIZEN OF WH | AT COUNTR | RY? | MARRI | ED NE | VER MARR | RIED 🗌 | 9. BALTIMOR | E CITY OR | COUNTY | OF DEATH | |
| 9 | , OK | MI | | | JSA | | WIDOW | | | CED 🔲 | . Bal | timor | re C | itv | TAM |
| | 10. CIT | | OF DEATH | 11. NAME OF HOSE | PITAL, NURS | | OR OTH | ER INSTITU | TION | | UAL OCCUPAT | ION (TYPE C | | OR INDUS | |
| 0 | | Baltim | | .3809 F | ench | urch F | | | | | ttorne | | , | Asses | |
| 100 | USUA 13a. ST | | E (IF IN NURSING HOME O | | 13c. CITY C | | | 13d. INSIDE C | The IMITCS | 112. STE | REET ADDRESS | | | -0 | 1 |
| 0 | | MD. | 136.2.0014 | | | altimo | | | NO [| | 309 Fe | nchur | nch F | ₹d., | 21218 |
| | 14. FA | THER'S NAM | NE . | MIDGLE | Į.A. | | | 15. MOTH | ER'S MAID | EN NAM | E MIDDI | 5 | | LAST | |
| 1 | | Willi | am h | Keefer | | rgee- | | | aide | 2 | MIDD! | | | Davis | |
| - | 16g. W | AS DECEAS | ED EVER IN U.S. ARA | | | AL SECURITY | NO. | 17. INFOR | | | | ADDRESS | | Davis | - |
| | , , | S, NO, OR UNKA | 1 | VAR OR DATES) | 212 | 40 625 | 54 | Mrs | . C | laudi | a W. | Burg | ee. | San | ne |
| | | | OF DEATH (Enter an | | | | - | 144 | | | | 201 9 | - | APPROXIM | ATE INTERVAL |
| - 1 | | | DEATH WAS CAUSED | BY: | 1 3 | Lings | | 1 | San Maria | hace | 40 | | | BETWEEN ON | ISET AND DEATH |
| | | | IMMEDIAT | DUE TO, OR | | | - | 0 | 400 | 0 | | | | | |
| | | Canditi | ans, if any, which | DOE 10, OK | A CONS | L | 1. | 0 | | | | | | | |
| | gave (ise to immediate) (b) 1744 165 165 664 | | | | | | | | | | | | | | |
| | cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | 440 | | | | |
| | | (c) Do to armed course. | | | | | | | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | | | | | | | | | | | | | |
| | CERTIFICATION | | | | - None- | | | | | | | | | | |
| - | CAT | 19a. DATE C | OF OPERATION | 19b. CONDIT | NDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | 20. Al | | | 20. AUTOPS | 5Y? | |
| | Ě | | | | | | | | | | | | | YES [| NO X |
| | S | | AL CAUSE WAS | 21b. TIME OF HOUR A.M. | | DAV VEAD | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR P | | | | | RT I OR PART | 2) | | |
| - | | UNDERLYIN CONTRIBUT | IG □OR TING□CAUSE OF D | | | 19 | | | | | | | | | |
| | MEDICAL | | OCCURRED | 21e PLACE C | F INJURY | [AT HOME, | | CATION | | | | | | | |
| 4 | ¥ | WHILE | NOT WHILE | STREET, FACT | ORY, FARM, ETC | .) | S | TREET | | | CITY OR TOWN | | COUN | ITY | STATE |
| | | AT WORK | AIWORK | | | | | | | | | 7 | | | |
| | | 22a cei | rtify that I took charg | e of the remains desc | ribed abave | e, held an | Autops | sy L.J. | Inspection | an 🔼 | Inquiry L | , and | in my apin | nan | |
| | | death resu | Ited fram: Natur | al coures 2, | Accident | Suic | ide | , Hami | cide 🔲 | Unde | termined mann | er , | | | |
| | | | 1 | | 81 | 1 | | TITLE (| PECIFY) | | | | DATE | 11/ | 10. |
| - | | ACTUAL SIGNATUR | E | colden | C 10 | rar | M | .D | | MED | DICAL EXAMIN | ER | SIGNED | (0)1 | 122 |
| / | 400 | EXAMINER' | SNAME | | | | | | | | | | | | |
| | | (TYPE OR PE | RINT) Tha | ddeus E. | Prue | et, Mi | | ADDRESS_ | 111 | Per | nn St | . Ba | alto. | , MD | |
| | 23a.Bl | JRIAL, CREM | ATION, REMOVAL 2 | | 1 | AME OF CEMI | | | | 23d. LG | OCATION | | COUNTY | | STATE |
| | ,,, | Bur | ial | 12/4/85 | - | orelar | | | | | Balto. | | | | MD |
| 3 | 24. FL | NERAL DIRE | ECTOR Henry | W. Jen | kins 8 | & Sons | s Co | Э. | 254 DATE | REC'D. B | Y REGISTRAR | 75h REGIS | TRAR'S SIC | SNATURE | |
| | | | rk Road | | | | 212 | | 720 | 3 | 1900 | 1 | 1400014 | Alaska . | - |

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A CONTRACTOR OF THE CONTRACTOR

25M DHMH - 17

(VR A15 ME (5))

24 FUNERAL DIRECTOR

Chas.A.Rice FSPA 1300 Eutaw Place

250. DATE REC'D. BY REGISTRAR

- mandalka

FOR

365023

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | The state of the s |
|--|---|-----------------------------------|--|--|
| 1. DECEASED NAME TIME INTERPRETATION TO THE PROPERTY OF THE PR | s Sheldon | BURKE | 20. DATE OF DEATH MONTH (2 2 | Y 25 130 |
| 3. SEX | 4 RACE | 5 DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| The second second | | MONTH GAY YEAR | | AONTHS DAYS HOURS MIN. |
| Male To. BIRTHPLACE STATE OR FOREIGN | Black 75. CITIZEN OF WHAT COUNTR' | | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| COUNTRY | | MARRIED NEVER MARRIED | | OF DEATH |
| Connecticut | U.S.A. | WIDOWED DIVORCED | □ Baltimore City | MD |
| BALTO. Md | (IF NOT IN SUCH FACILITY, GIVE STRE | tosp. | 12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFT | 126 KIND OF BUSINESS OR INDUSTRY Medicine |
| 13a STATE . II3h COUN | other institution, give residence before 13c. CITY OR TO | WN . 13d. INSIDE CITY LIMITS | - 6808 Harray | halo Rd 2120 |
| Arthur S | Burke LAST | 15. MOTHER'S MAIDEN | MILLINE THE | Eggleston |
| 160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) 1 IF YES, GIV | E WAR OR DATES) | | 6808 Harrowdale R | nad |
| no | 154-10-62 | 258A Grace L Bunke | Baltimore, Maryla | |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEG | Coronary an | at home itery Disease | |
| | CONDITIONS CONTRIBUTING TO | O DEATH BUT NOT RELATED TO THE TE | RMINAL DISEASE OR CONDITION GIV | EN IN PART 110 |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196. CONDITION FOR WHIC | CH OPERATION WAS PERFORMED | | , WERE FINDINGS USED YING CAUSES OF DEATH? S NO |
| OR CONTRIBUTION OF CHIEF OF DE | | | URRED (ENTER NATURE OF INJURY IN ITEM 18 P. | ART I OR PART 2) |
| VECTOR INBUTING CAUSE OF DEA | 21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE | The state of the state of | CITY OR TOWN | COUNTY STATE |
| saw the decayed alive on | ital) offended the deceased from | 1 | ion death occurred on the date and hou | 19, that (1) we) last and from the causes stated |
| 226. SIGNATURE | Levui. | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF | 12/24/7T |

230. BURIAL, CREMATION, REMOVAL BUTTAL

12/30/85

234. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

22e ADDRESS

23d LOCATION CITY OR TOWN COUNTY

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

Nutre ALC SONS Funeral Home, Inc. ADDRESS 2501 Gwynns Falls Pkwy. Baltimore, Maryland

23b. DATE

21216

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

. Dolfield

Baltimore

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

009149

4 тау be

within 24 hours after

ATTENDING PHYSICIAN: The attending physician

TO HOSPITAL retained by the

BP.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

| REGISTRAR | | | | |
|--|---|---|--|---|
| 1. DECEASED NAME FIRE | ESCIE MIDDLE | BURKE | 20 DATE OF DEATH | 12 3, DS N |
| 3 SEX | | DATE OF BIRTH MONTH DAY YEAR 7 30 | 6. AGE (IN YEARS LAST BIRTI | HDAY) IF UNDER LYEAR IF UNE |
| BIRTHPLACE (STATE OR FOREIG | 116 | MARRIED NEVER MARRIED NORCED | 9 BALTIMORE CITY OF | COUNTY OF DEATH |
| BALTO CIT | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUGH FACILITY, GIVE STREET ADD ADD, CBA | DRESS) | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | |
| JSUAL RESIDENCE (IF NURSING HE US STATE) | IME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD 13t. CITY OR TOWN GRASDAY! | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS / | ZIP CODE E ALL |
| FATHER'S NAME FIRST SESSOL | MIDDLE LAST BURK | | MIDDLE | K No exes |
| 2 160, WAS DECEASED EVER IN U | S. ARMED FORCES? 166 SOCIAL SECURIT | 15 NO. 17 INFORMANT B | whe have | and Md. APPROXIMATE IN BETWEEN ONSET A |
| IMM | | CE OF | | |
| Canditians, if any, whi gave rise to immedia cause (a), stating to underlying cause lo | DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE | CE OF | ninal disease or cond | ITION GIVEN IN PART 110 |
| Canditians, if any, whi gave rise to immedia cause (a), stating to underlying cause lo | DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) | CE OF | ZOO AUTOPSY? | 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO |
| Conditions, if any, whi gave rise to immedia cause (a), stating to underlying cause to PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CAUSE | DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) DUE TO, OR AS A CONSEQUENCE (c) ANT CONDITIONS CONTRIBUTING TO DEA 19b. CONDITION FOR WHICH OF 19b. CONDITION FOR WHICH OF 19b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. | CE OF ATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED YEAR 19 | 20a AUTOPSY? YES NO | 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YESNO |
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| Conditions, if any, whise gove rise to immedia cause (a), stating to underlying cause lo PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EX 21d INJURY OCCURRED WHILE AT WORK AI WORK 220.1 certify that this saw the deceased of above, (I) five) (did) (a) | DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) DUE TO, OR AS A CONSEQUENCE (c) ANT CONDITIONS CONTRIBUTING TO DEA 19b CONDITION FOR WHICH OF | PERATION WAS PERFORMED YEAR 19 21t HOW INJURY OCCUR 19 21t LOCATION STREET 21d A, ETC.) 21d LOCATION STREET 19 21d LOCATION STREET | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW | 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO IN ITEM 18 PART 1 OR PART 2) NO COUNTY The ond hour and from the couses |
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DHMH - 16 60M 7/84

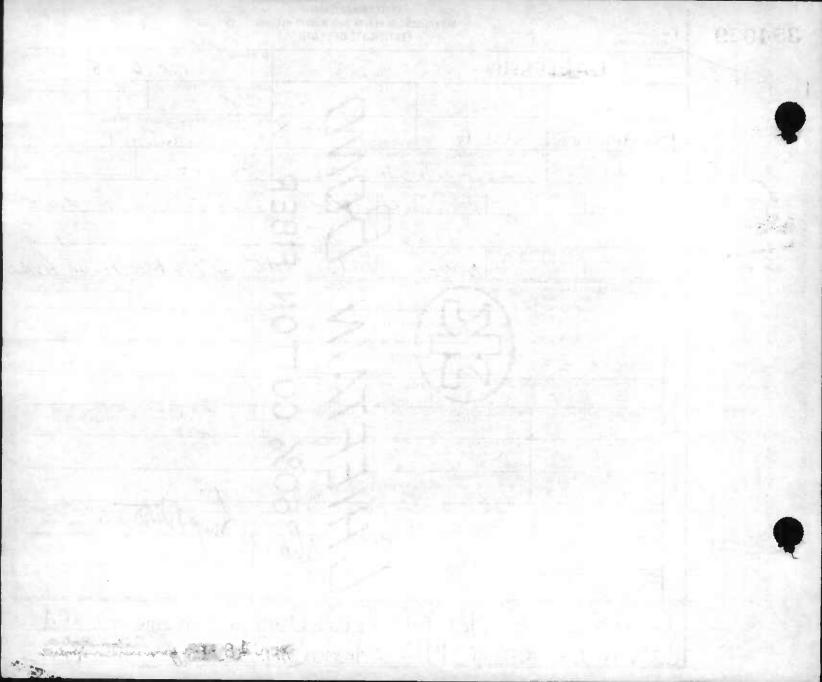
(VRA 15, 4)

ADDRESS

7 1986

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)



| | DECEASED NAME | FIRST | WIDDLE | LAST | | REG. NO | MONTH DAY | YEAR 26 HOUR |
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| 148 | THE ON PHILIPPI | GEORGE | | BURTON | | 1 | 2 09 | 85 1450 |
| AN 1 | SEX | 4 RACE | | 5. DATE OF | DAY YEAR | 6 AGE (IN YEARS LAST BIR | MONTHS | DAYS HOURS |
| - | Male | Cauca | | | per 2, 1919 | 66 | YRS | 1 |
| 25 | Maryland | U.S. | | WIDOWED | | BALTIMORE CITY O | CITY | |
| 44 | BALTIMORE | UNIO | N MEMORIAI | L HOSPI | | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Bus Dri | | KIND OF BUSINES DUSTRY DODLAWN C |
| 35 | Maryland | ng home or other institution is county Baltimore | 13c CITY OR TOWN Hebbvil | le | d. INSIDE CITY LIMITS? YES NO XX | 3134 Rolli | | 21207 |
| A30 | Oscar J | udson Bu | irton S: | r. | Mariqn | Elizabeth | Chish | |
| on of | (YES, NOAR UNKNOWN) | N U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) | 216-28-5 | | on informant Oscar Judson | | | addon Dri Park,MD. |
| of removal, | PART I. DEATH WA | MMEDIATE CAUSÉ (a)_ | | ESDITA) | toy Arrest | 4 | | 2 185 |
| froun | Conditions, if ony, gove rise to imm couse (a), stoting underlying couse | ediote DUE TO. | Metasta OR AS A CONSEQUE | | olon CANCE | 1 | | 2 85 |
| al, crea | | | CONTRIBUTING TO D | | OT RELATED TO THE TERM | INAL DISEASE OR CON | | |
| or to burial, cre- | DATE OF OPERAL | CALL COAD | | OPERATION | WAS PERFORMED | YES NO NO | IN CERTIFYING | E FINDINGS USED CAUSES OF DEATH NO |
| gene prior to bariel, cre | 1984 | Co | Im CANO | | | | | |
| - 1 | 1984 | Co REVING 216. TIME HOUR A ALEXAMINER) | OF INJURY A.M. MONTH DA | AY YEAR | TE HOW INJURY OCCUR | | ry in item 18 Part i Or | PART 21 |
| - 1 | OR CONTRIBUTING C | RETAINE THE HOUR A LEXAMINER TO THE PLACE (AT HOME S | Im CANO | AY YEAR 19 | IL LOCATION STREET | | | DUNTY SI |

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL DRICES Burial

12/13/85

23c NAME OF CEMETERY OR CREMATORY Waughs Chapel Cem

22e ADDRESS

UNION

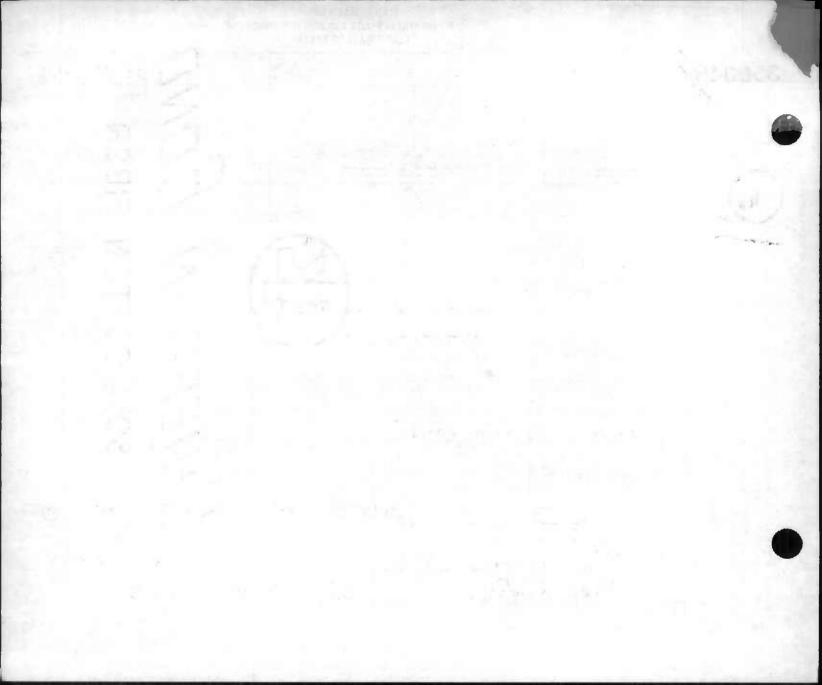
23d. LOCATION Glen Arm

Baltimore

Maryland

PAMELORING Byers Funeral Dimectors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

250 DA LEC DIBYREGISTRAR 256, REGISTRAR'S SIGNATURE



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | VI | HENEIH MIAN | MILLIAND III OILING | |
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| 2 | RTI | FICATE OF | DEATH | REG |

| REG. NO. | | | | | | | |
|----------|------|----|----|-----|-------|--|--|
| | DATE | OF | DE | ATH | MONTH | | |

| 300 | | GUISTEAN | | | | | | | | | |
|--------------|--------|--|--|--|--|--|---|--|--|-------------------|--|
| | | | MIDD | LE | U | n St | 2 | a. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| 11 | | MARTA | IA L | | BU | RTON | | | 12 | 7 85 | 7.10 AM |
| 1 | 3.5E | × - | 4. RACE | | | | | AGE (IN YEARS LAST | BIRTHDAY) | IF UNDER TYEAR | |
| / | | temals | \X | 4.75 | MONTH | 3 19 | AR OO | 85 | VDC | MONTHS DATS | HOURS MIN. |
| wine of | | | 76. CITIZEN OF WH | AT COUNTRY? | 8. | | 9 | BALTIMORE CITY | | TY OF DEATH | |
| 35 | m | 001. | 11.50 | | | | | ROITIN | 200 | C. TU | 440 |
| T | in C | 4 - 1 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | PITAL, NURSING | HOMEO | | | 20 USUAL OCCUPA | - | 12b KIND | OF BUSINESS OR |
| 村ぐ | R | 22 am 7/1 | (IF NOT IN SUCH FA | | | a Hasp | | TYPE OF WORK FOR MOS | TOF WORKING | LIFE) INDUSTRY | <i>'</i> |
| 1 | | | | | | C MOSE. | | AT HOL | 14 | | 21239 |
| 25 | 130 | 13b COUN | 113c | | 00 | | | 11 6 () | S / ZIP COL | DE. | 0,024 |
| 300 | 14. FJ | THER'S NAME | 10 | HYTTIO | RCZ. | | | 11000 | MILES | - 1370 | F172. |
| TOP" | | CD CM CO | WIDDLE D | LAST | | FIRST | 0.0 | WIDDLE | | C - 111 1A | AST AST |
| and the same | 140.3 | NAS DECEASED EVER IN IT S AR | MED EODCESS 144 | SOCIAL SECUE | ITV NO | 17 INFORMANIT | HILL | ADI | RESS | 2 CHM! | 41.7 |
| 1/ | 1 | YES. NO OR UNKNOWN) (IF YES, GIV | | O = 10 / | 2 | To Sil | . D. | | | | |
| 1 | - | | | 3018 6 | 131 | L HAM IL | 1 15 | LORDS | | 19000 | |
| 1 | | 18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE | ly ane cause per DBY. | for (a), (b), and | 101.1 | | | | | BETWEEN | XIMATE INTERVAL NONSET AND DEATH |
| 3 | 100 | | | FPS | 15 | | | | | | |
| pation | | 77-1-1 | DUE TO, OR AS | A CONSEQUEN | ICE OF | | | | | | |
| 1 - | 6 | Canditians, if any, which | (b) | | | , | | | | | |
| 4 | 70 | cause (a), stating the | DUE TO, OR AS | A CONSEQUEN | ICE OF | | | | | | |
| ŧ | | underlying cause last | (10) | | | | | | | | |
| 9 | | PART 2 OTHER SIGNIFICANT | ONDITIONS CONT | RIBUTING TO DE | ATH BUT | NOT RELATED TO TH | HE TERMIN | AL DISEASE OR CO | NDITION G | IVEN IN PART 1 | Ia . |
| Ť | ğ | | | | | | | | | | |
| 50 | 3 | 190 DATE OF OPERATION | 19b. CONDITIO | n for which c | PERATION | WAS PERFORMED | | 200 AUTOPSY? | 20b. IF Y | ES, WERE FIND | INGS USED |
| 1/ | E | | | | | | | YES NO | | | NO [|
| 8 | 1 8 | 21a. ACCIDENT WAS UNDERLYING | 110110 111 | | VEAD | 21c. HOW INJURY (| OCCURRED | O (ENTER NATURE OF IN | IJURY IN ITEM 18 | PART I OR PART 2) | |
| 17 | 1 | - | (111 | MONTH DAT | | | | | | | |
| 5/ | ĕ | 21d. INJURY OCCURRED | 21e PLACE OF | | | 21f LOCATION | | 0.004.00 | TO | COUNTY | STATE |
| pow | Z | WHILE NOT WHILE | (AT HOME STREET, | FACTORY, OFFICE, FAR | RM, ETC) | SINEE | | CITYOR | TOWN | COOKIT | STATE |
| 10 | | | tal) attended the d | eceased from | 12 | - 5 10 | 85 | 10 12. | 7 | 1085 | , that (I) (we) last |
| - | | saw the deceased alive an | 12° + | 19 8 | 5 , an | d that in (my) (aur) c | apinian dec | ath accurred an the | date and ha | our and fram the | |
| £ | | | t: view the bady afte | er death. | | DEGREE | | | | 22c DATE | F SIGNED |
| £ . | | 1/ 1/20 | 04. | 0- | ^ | ATTENE | | | | / 10 | 7.85 |
| 3 | 1 | 224 PHYSICIAN'S NAME (TYPE O | O BOINT | X | | | | DIRECTOR PHYS | 7 | 100 | 100 |
| È | | Thillia | 5 NA D NI | | / | - / G | 000 | SAV | MARI | TAN | HOSP |
| ž. | - | 101110 | | 7 5 | | 2600 | 6 | DCH H | AVE | N DI | LYD |
| | 230 | BURIAL, CREMATION, REMOVAL | 10 | 0 . | AME OF CI | EMETERY OR CREMA | ATORY | 23d LOCATION | | COUNTY | STATE |
| _ | | SURIAL | 119-101 | 185 15A | TITY | | | | | 1.1 | ARYLAND |
| 17/B4 | 24 FI | UNERAL DIRECTOR | ~ | ADDRESS. 8 | 800 | N . | ZSO. DATE R | REC'D, BY REGISTRA | AR 25b. REGIS | | 30 |
| 0 | 2 | VANS CHAPEL | OF MEMO | | ARFO | RO ROAD | DEL | 13 1985 | | and con- | - Market |
| | | MEDICAL CERTIFICATION 1 29 P. C. Other 18 shows gray injury, or other traumatic event, the medical addition of the product of | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAL Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (CONTRIBUTING CAUSE OF DEATH (FITTER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURED CAUSE OF DEATH (II) (II) (II) (II) (III) (II | TO BRING A RESIDENCE I STATE OR FOREIGN TO COUNTRY TO COUNTRY TO TOWN OF DEATH TO COUNTRY THE STATE OR FOREIGN TO THE INSTITUTION GIVE THE STATE OR OR UNKNOWN) 18 CAUSE OF DEATH (F. YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per law PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 19 DUE TO, OR AS CONTRIBUTION COUNTRY TO PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 19 DUE TO, OR AS CONTRIBUTION COUNTRY TO PART I. OR CONTRIBUTION CAUSE OF DEATH (F. ETIMER NOTIFY MEDICAL EXAMINER) 21d. ACCIDENT WAS UNDERLYING DEATH (F. ETIMER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED TO COUNTRIBUTION COUNTRIBUT | 15.5EK 14. RACE 15.5EK 14. RACE 15. CITIZEN OF WHAT COUNTRY? 15. CITIZEN OF WHAT COUNTRY? 16. CITIZEN OF WHAT COUNTRY? 17. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GME STREET AT 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GME STREET AT 18. CITY OR TOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 19. DUE TO, OR AS A CONSEQUEN (b) 19. DUE TO, OR AS A CONSEQUEN (c) 19. CONDITION FOR WHICH CONDITIONS CONTRIBUTING TO DE 19. CONTRIBUTING CAUSE OF DEATH (FETHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED 216. TIME OF INJURY 117. LEATH ON THE CONDITION SONTRIBUTING TO DE 217. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (FETHER NOTIFY MEDICAL EXAMINER) 218. TIME OF INJURY 109. DATE OF OPERATION 198. CONDITION FOR WHICH CAUSE OF INJURY 119. LEATH ON THE CONDITION SONTRIBUTING TO DE 210. LEATH ON THE CONDITION SONTRIBUTING TO DE 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (c) 210. THE CONDITION SONTRIBUTING CONDITION SONTRIBUTING TO DE 210. ACCIDENT WAS UNDERLYING (d) 211. TIME OF INJURY 119. CONDITION FOR WHICH CAUSE 119. CONDITION FOR WHICH CAUSE 119. CONDITION SONTRIBUTING CONDITION SONTRIBUTING TO DE 210. ACCIDENT WAS UNDERLYING CONDITION SONTRIBUTING TO DE 199. DATE OF OPERATION 199. CONDITION SONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTIO | TO BIRTHPLACE ISTATE OR FOREIGN TO BIRTHPLACE ISTATE OR FOREIGN TO BIRTHPLACE ISTATE OR FOREIGN TO COUNTRY) TO BIRTHPLACE ISTATE OR FOREIGN TO COUNTRY THE MARKET ADDRESS OF THE MARKET FADRESS ON THE STREET ADDRESS ON THE STR | 3. SER 4. RACE 5. DATE OF BIRTH COUNTRY TO, BIRTHPLACE STATE OF FOREIGN COUNTRY ARRIED NEVER MARRIED MODITION OF COUNTRY B. MARRIED NEVER MARRIED MODITION OF COUNTRY MODITION | 3. SER. 4. RACE 4. RACE 5. DATE OF BIRTH 1. SOUTH 5. BIRTHPLACE STATE OF LORE ON 28. CITIZEN OF WHAT COUNTRY) 8. MARRIED NOVER MARRIED 9. MARRIED NOVER MARRIED 9. MARRIED NOVER MARRIED 19. MARR | TO DE TABLE DIAMAE THE STREET HANDE THE BIRTHPLACE ISLAID OF LORGON THE BIRTHPLACE ISLAID OF LOR | 1. SEK | ID SCRASED NAME 1885 180 ATE OF DEATH 12 A AGE 181 AGE |

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

PHYSICIAN: The low

retained by the hospital or attending physician

DHMH - 16 60M 7/84

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

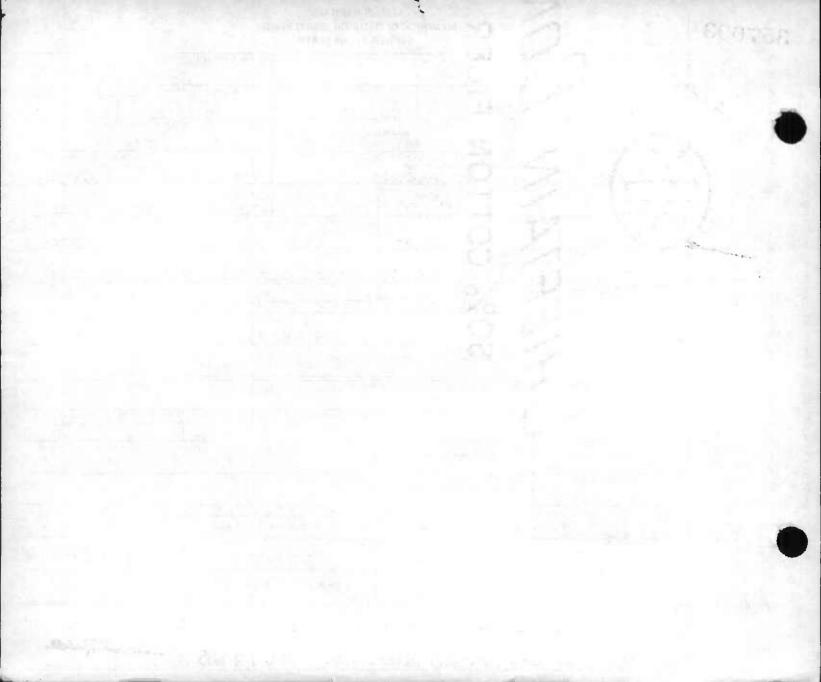
STATE
REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

| / | ASED NAME FIRST | | WIDDIE | 35 | AST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HO |
|------------------|--|---|--|--|--|--|---|
| | ALEXAN | IDER | С. | E | BUSENGER | 10-1 | 6-85 9 |
| 3 SEX | | 4 RACE | | 5 DATE O | F BIRTH YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DATE HOURS |
| 14. | MALE | WHI | TE | 10 | 11 25 | 60 yrs. | DATE HOURS |
| | HPLACE (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | B | NEVER MARRIED X | 9 BALTIMORE CITY OR COUNTY | Y OF DEATH |
| | ryland | U.S | . A . | WIDOWE | | Baltimore C | ity |
| | OR TOWN OF DEATH | 11. NAME OF | | | ROTHER INSTITUTION | 128 USUAL OCCUPATION | 12b. KIND OF BUSIN |
| Ва | altimore | | Agnes Hos | | | Truck Driver | Donohue |
| USUAL 130 STA | RESIDENCE (IF NURSING HOME O | | N GIVE RESIDENCE BEFORE | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE | F |
| | yland | | Baltimo | | YESX NO | 2652 Wilkens A | |
| 14 FATH | HER'S NAME FIRST | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME | LAST |
| | Alexander | MIDULE | Busen | ger | Rosa | WIDDLE | Warne |
| | S DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SECU | JRITY NO. | 17 INFORMANT | ADDRESS | |
| ,, | | WII | 215-22- | 2067 | Margaret He | nry 291 Oaklee V | illage 212 |
| 18 | CAUSE OF DEATH (Enter of | anly ane cause pe | | | | | APPROXIMATE INT |
| | PART I. DEATH WAS CAUS | SED BY: ATE CAUSE (a) | CARDIDE | | MORY A | RREST | |
| | | DUE TO (| OR AS A CONSEQUE | ENICE OF | | , | |
| | Conditions, if ony, which | 100000 | MVOCA | RDIA | 1 INFAR | CTION | |
| | gave rise to immediate | (6)_ | 11000 | 1 1/1 | | | |
| | couse (0), stating the underlying couse last | DUE TO, | or as a consequi | ENCE OF | | | |
| - | | (c)_ | | | | | |
| | ART 2 OTHER SIGNIFICANT | CONDITIONS | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIV | VEN IN PART 110 |
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| 2 1 | B. DATE OF OPERATION | 198. CONI | | ODERATION | LIMA C DE DE O DAVEO | no ALITODOV2 | C WERE CHIRD NICE HOL |
| 14. | | | DITION FOR WHICH | OPERATION | N WAS PERFORMED | | S, WERE FINDINGS USI FYING CAUSES OF DEA |
| | ACCIDENT MAC IN DECEMBER 1 | | | OPERATION | | YES NO YE | FYING CAUSES OF DEA |
| 0 | TO, ACCIDENT WAS UNDERLYING [| 110110 | OF INJURY A.M. MONTH D. | | | IN CERTIF | FYING CAUSES OF DEA |
| | OR CONTRIBUTING CAUSE OF DI | EATH HOUR A | OF INJURY A.M. MONTH D. | | 21c. HOW INJURY OCCUR | YES NO YE | FYING CAUSES OF DEA |
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| WEDICAL 22 | OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI Id. INJURY OCCURRED NOT WHILE I WORK AT WORK 20.1 certify that (1) (this hosp sow the deceased olive a above, (1) (we) (did) (did in 72b. SIGNATY | Pitol attended to the potential view the bod | OF INJURY A.M. MONTH D. P.M. E OF INJURY IREET, FACTORY OFFICE F | AY YEAR 19 FARM EIC) | 21c. HOW INJURY OCCURION 21f. LOCATION STREET 21f. LOCATION STREET STR | YES NO NO YES YES NO TO YE | FYING CAUSES OF DEA ES NO PART 1 OR PART 2) COUNTY 19 |
| 230 BUB 6 | CONTRIBUTING CAUSE OF DI OFF EITHER NOTIFY MEDICAL EXAMINI III. INJURY OCCURRED NOT WHITE AT WORK 20. I certify that (I) (this hosp sow the deceased olive a above, (I) (we) (did) (did not be) 20. I certify that (I) (this hosp sow the deceased olive a above, (I) (we) (did) (did not be) 20. PHYSICIAN'S NAME (TYPE | 21e. PLACE (AT HOME S pitoli attended to include view the bod OR PRINT) | OF INJURY A.M. MONTH D. D.M. FOR INJURY TREET, FACTORY OFFICE F The deceased from y after deoth. | AY YEAR 19 FARM ETC) | 21c. HOW INJURY OCCURION 21f. LOCATION STREET 21f. LOCATION STREET STR | YES NO NO YE RED (ENTER NATURE OF INJURY IN ITEM 18 I CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN PARTICIPAL 234 LOCATION | COUNTY 19 Son that (I) 222. DATE SIGNED 16 DE |
| 230 BUB 6 | OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI Id. INJURY OCCURRED WHITE AT WORK 20.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did in 2b. SIGNATURE 2d. PHYSICIAN'S NAME (TYPE | 21e. PLACE (AT HOME S pitol) attended to include view the bod OR PRINT) | OF INJURY A.M. MONTH D. P.M. FOF INJURY TREET, FACTORY OFFICE F The deceased from y after deoth. 19 1236.1 | AY YEAR 19 FARM ETC) O C NAME OF CE | 216. HOW INJURY OCCURION 216. LOCATION 518EE1 216. HOW INJURY OCCURION 518EE1 216. HOW INJURY OCCURION 518EE ATTENDING PHYSICIAN 220. ADDRESS ST. AGA | YES NO IN CERTIFY YE RED (ENTER NATURE OF INJURY IN ITEM 18 IN CITY OR TOWN) CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR CITY OR TOWN. | FYING CAUSES OF DEA ES NO PART 1 OR PART 2) COUNTY 19 |
| 23a BUR (SPE | CONTRIBUTING CAUSE OF DI CIFETHER NOTIFY MEDICAL EXAMINI COLL CETTER NOTIFY MEDICAL COLL CETTER NOTIFY COLL CETTER | 21e. PLACE (AT HOME S pitol) attended to include view the bod OR PRINT) | OF INJURY A.M. MONTH D. P.M. E OF INJURY TREET, FACTORY OFFICE F The deceased from y after deoth. 19 23 123 123 123 123 123 123 | AY YEAR 19 FARM ETC) DEC 5, an E NAME OF CE | 216. HOW INJURY OCCURION 216. LOCATION STREET 216. HOW INJURY OCCURION STREET 216. HOW INJURY OCCURION STREET 216. HOW INJURY OCCURION STREET ATTENDING PHYSICIAN PHYSICIAN EMETERY OF CREMATORY TO PROCESS Creet 216. HOW INJURY OCCURION STREET 217. HOW INJURY OCCURION STREET 218. LOCATION STREET ATTENDING PHYSICIAN STREET 218. LOCATION STREET ATTENDING PHYSICIAN STREET 219. LOCATION STREET STREET STREET STREET STREET STREET STREET STREET STREET S | YES NO IN CERTIFY YE RED (ENTER NATURE OF INJURY IN ITEM 18 IN CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN DESCRIPTION OF TOWN 123d LOCATION CITY OR TOWN | COUNTY 19 85, that (II) 19 85, that (II) 270: DATE SIGNED 16 DE COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY |



FOR STATE REGISTRAR

STATE OF MARYLAND

| EPARTMENT OF HEALTH AND MENTAL HYGIE | NE O | 2 | | V | 0, |) 40 |
|--------------------------------------|--------------|--------|-------|-----|------|-------|
| CERTIFICATE OF DEATH | | REG. N | 10. | | | |
| LAST 2 | s. DATE OF I | DEATH | MONTH | DAY | YEAR | 2b HO |

| | NE O TO THE ME | | | | | | KEG. NO | | | the same of the sa |
|---------------|--|--------------------------------------|------------------------|---|---------------|-------------------------------|--|------------|-------------------|--|
| | CEASED NAME | FIRST | 1 | MIDDLE | Ł. | AST | 26. DATE OF DEATH | HTMOA | DAY YEAR | 2b HOUR |
| | | JOSEPH_ | | E | BU | JTLER | | 12 | 3 85 | 5:10P M |
| 3_SE) | Κ | 4 F | RACE | | 5. DATE C | DAY YEAR | 6. AGE (IN YEARS LAST BIRTH | DAY) | MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. |
| | Male | 4-1/ | Whit | e | Nov. | 22, 1919 | 66 | YRS | | |
| 7o. 81 | RTHPLACE (STATE OR I | OREIGN 76 | | WHAT COUNTRY? | 8. MARRIEI | D NEVER MARRIED | 9. BALTIMORE CITY OR | COUNT | Y OF DEATH | |
| | Virginia | | USA | | WIDOWE | ** | Baltimo | | | MD. |
| 10. CI | TY OR TOWN OF DEA | TH 11. | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | | (FE) INDUSTRY | OF BUSINESS OR |
| E | Baltimore | V. | AMC, E | Baltimore | Mary | rland 21218 | Retired | | Rody | /Fender M |
| 13a. S | AL RESIDENCE (IF NURS TATE Tryland | 136 COUNTY AA | ier institution | GIVE RESIDENCE BEFORE 13c CITY OR TOWN | nie | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / 6668 Shell | y Ro | ād | 21061 |
| 14 FA | THER'S NAME | MIDI | DIE | LAST | | 15 MOTHER'S MAIDEN NA | ME | | LA | SA 13 |
| 1 | Joseph | | | Butler | | Ĕva | l. | | | Cardle |
| | VAS DECEASED EVER | IN U.S. ARME | | 16b SOCIAL SECU | | 17 INFORMANT | ADDRES | | | 07 5 |
| | Yes | 1940- | 45 | 227-10-4 | 1902 | Vernon Butle | er, 6646 Whi | tmor | | |
| | 18 CAUSE OF DEAT PART I. DEATH W | H (Enter only o | ne couse per | line for (o), (b), one | d (c).) | 0 1 | Market District | | - | ONSET AND DEATH |
| | PARTI. DEATH W | IMMEDIATE C | | KESPIra | tory | Hmest | | | 5m | 210 |
| | 10-14-15 | | DUE TO, O | R AS A CONSEQUE | NCE OF | | R | | | |
| | Conditions, if ony, | | (b) | HSDIC | atic | in Diemo | na | _ | | |
| (2) | couse (o), statir | g the | DUE TO, O | R AS A CONSEQUE | NCE OF | 00.10 | D | | 1.73 | |
| | underlying couse | lost. | (c) | Meta. | STATI | C CH TOO | LUNG | | | |
| z | PART 2. OTHER SIGN | VIFICANT CON | NDITIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR COND | ITION GI | VEN IN PART 1 | 0 |
| TIO | IN DATE OF OPERA | TION | Tin COND | TION FOR WALIGU | ODERATIO | N WAS PERFORMED | 20a AUTOPSY? | 201 -M2 VE | S, WERE FINDI | NCC HEED |
| CERTIFICATION | 19a DATE OF OPERA | TION | 190. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | YES NO | IN CERTI | FYING CAUSES | |
| | 216. ACCIDENT WAS UNI | | 21b. TIME O HOUR A. | | Y YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | IN ITEM 18 | PART I OR PART 2) | |
| MEDICAL | (IF EITHER NOTIFY MEDI | CALEXAMINER) | | M. | 19 | | | | 7 | |
| MED | 21d. INJURY OCCUR | | 21e. PLACE | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC) | 211 LOCATION STREET | CITY OR TOW | M | COUNTY | STATE |
| | AT WORK AT WO | RK | | | | | | | | |
| | 22a I certify that (X | (this hospital) | ottended th | e deceased from_ | | ber 15 19 85 | | | | that 🗶 (we) lost |
| | sow the decease obove, (X (we) (| ed alive on Lie did) (X(X(X(t)) v | ew the body | alter death | - | nd that in (mX) (our) opinion | death accurred on the do | e and ho | | |
| | 22b. SIGHT TURE | 0 | , , | | | DEGREE ATTENDING | MEDICAL OSTAFI | | 22c. DATE | SIGNED |
| | ITA. | Bard | Jeh | MD | | PHYSICIAN [| DIRECTOR | | 101. | 3/82 |
| | 22 YSICIAN'S N | AME (TYPE OR PR | INT) | 20.00 | | 22e ADDRESS | | | | , |
| | BARC | HOTICH | | | | VAMC, Balt | | vland | 21218 | 3 |
| | BURIAL, CREMATION, | REMOVAL | 23b. DATE | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | COUNTY | STATE |
| | Burial | | Dec. | 6,1985 C | rowns | ville Vet. Ce | | | "AA" | MD |
| 24 F | UNERAL DIRECTOR | | | ADDRESS | | 25c. DAT | F 1095 | Sh REGIS | TRAR'S SIGNA | ME |
| | James | S. Kirk | cley, (| Glen Burn | ie, M | D DEC | 5 1985 34 | | tates. | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and complishould be detoched for use as the burial-transit permit. Then please remove corban papers. Pages 1 and with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem, 18 shows ony injury, or other troumotic event, the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 1 | | REGISTRAR | | CERTII | ICAIL OF DEA | i n | REG. N | 10. | | | |
|-----|---------------|---|---|--------------|----------------------|----------------|--------------------------|-------------------|---------------------|------------------------------|---|
| 1 | | CEASED NAME FIRST | WIDDLE | | LAST | | 20 DATE OF DEATH | MONTH D | AY YEAR | 2b HOUR | - |
| | (TYPE | SAMU | EL LEE | 0 | AESAR | | | 12/11 | 5/85 | 10:40 £ | 1 |
| | 3 SEX | | 4 RACE | | OF BIRTH | | 6. AGE (IN YEARS LAST BI | | IF UNDER 1 YEAR | IF UNDER 24 HRS | - |
| | | MALE | BLACK | MONT | 104/2 | NEAR 3 | 62 | YRS | ONTHS DATS | HOURS MIN. | |
| 211 | 7a BIR | RTHPLACE STATE OR FOREIGN | THE CITIZEN OF WHAT COUNTRY | (? 8 | D NEVER MARK | DIED [| 9 BALTIMORE CITY | OR COUNTY | OF DEATH | | - |
| 1 | F | Thoama | U.S. | WIDOW | ED DIVOR | CED 🗌 | Ce | tel | | MD | |
| 1 | 10 CI1 | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH EACILITY, GIVE STRE | | OR OTHER INSTITUT | | 12a USUAL OCCUPAT | | | F BUSINESS OR | |
| 2 | 1 | BALTIMORE | G000 SF | MAR | | SPITH | | | | | |
| | 13a. S | AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN | R OTHER INSTITUTION GIVE RESIDENCE BEF NTY | | 13d. INSIDE CITY L | | 13. STREET ADDRESS | ZIP CODE | n Ak | 21210 | 2 |
| 1 | 14 FA | THER'S NAME FIRST | MIDDLE LAST | | 15. MOTHER'S MA | IDEN NAM | MIDDLE MIDDLE | ~ | LAS | Т | - |
| 9 | | AS DECEASED EVER IN U.S. AR | | CURITY NO. | 17 INFORMANT | 1 | ADDR | ESS | | | - |
| | {YI | (IF YES GIV | VE WAR OR DATES) 417-2 | 6-124 | Char | 1 | | | | | |
| | | 18 CAUSE OF DEATH (Enter or | nly one couse per line for (o), (b), | and (c .) | | 11 11 1 | | | APPROXI BETWEEN | MATE INTERVAL | - |
| | 18 | PART I. DEATH WAS CAUSE IMMEDIA | TE CAUSE (o) CA LU | NG | WITH M | PETA | STASES | | | | |
| | | | DUE TO, OR AS A CONSEQ | UENCE OF | | | | | | | |
| | | Conditions, if ony, which | ((b) | | | | | | | | |
| | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQ | LIENCE OF | | | | 100 | 1.7 | A 1 | |
| | | underlying couse lost. | (6) | OLIVEE OF | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BU | NOT RELATED TO | THE TERMIN | NAL DISEASE OR CON | DITION GIVE | N IN PART 1 | 0 | - |
| | o l | | | | | | | | | | |
| 7 | CERTIFICATION | 19a. DATE OF OPERATION | 196. CONDITION FOR WHIC | H OPERATIO | ON WAS PERFORME | D | 200 AUTOPSY? | IN CERTIFY | WERE FINDING CAUSES | OF DEATH? | |
| | ERT | 21a ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 21. HOW/ IN HIRS | V OCCUBBI | YES NO | YES | | NO 🗌 | _ |
| 1 | | OR CONTRIBUTING CAUSE OF DE | - LUCALID A MA MONITUL | DAY YEAR | 216.110 W 1143 OK 1 | OCCORRE | ED (ENTER NATURE OF INJ | JAT IN TIEM IS PA | RT OR PART 2) | | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINES | P.M. 21e PLACE OF INJURY | 19 | 21f. LOCATION | | | - | | | _ |
| | MED | WHILE TO NOT WHILE TO | (AT HOME STREET, FACTORY, OFFIC | E FARM ETC) | STREET | | CITY OR TO | NWC | COUNTY | STATE | |
| | | AT WORK AT WORK | | | / 7 | 2- | 10 | 116 | 0:2 | | _ |
| | | sow the deceased alive on | ital) attended the deceased from | 02 | nd that in (py) (our |) opinion dr | eoth occurred on the c | lote and hour | - 0 | that (we) last couses stated | |
| | | above, 41) (we) (did) (didate 22b. SIGNATURE | ot) view the body after death. | | DEGREE | | | | 22c DATE | SIGNED | - |
| | | 21 | Un Yes | m. 8 | ., B. S. ATTEN | NDING SICIAN T | MEDICAL STA | CIAN A | 121 | 15/85 | |
| | | 226 PHYSICIAN'S NAME (TYPE | n . | | 22e ADDRESS | | | | | | - |
| | | EDWIN | YEO | | 6000 | SAN | naritan | HOSI | PITAL | | |
| | 23a. B | URIAL, CREMATION, REMOVAL | 23b PAJE 10 105 23 | NAME OF | CEMETERY OR CREM | ATORY | 23d LOCATION | 4 | COUNTY | STATE | - |
| | 1 | Ollreal | 1111000 | urres | ox jauds | 151 | Ow! Mgs / | 1111 | BAKE | - Co. M. | 1 |
| | 24 FU | INERAL DIRECTOR Phil | 16 ps 172 10090s | 1. Mo | nra St. | 250 DATE | REC'D. BY REGISTRAL | 256. REGISTR | AN'S SIGNAT | URE | 1 |
| | | | | | Out Call | | | - | 4 | | |

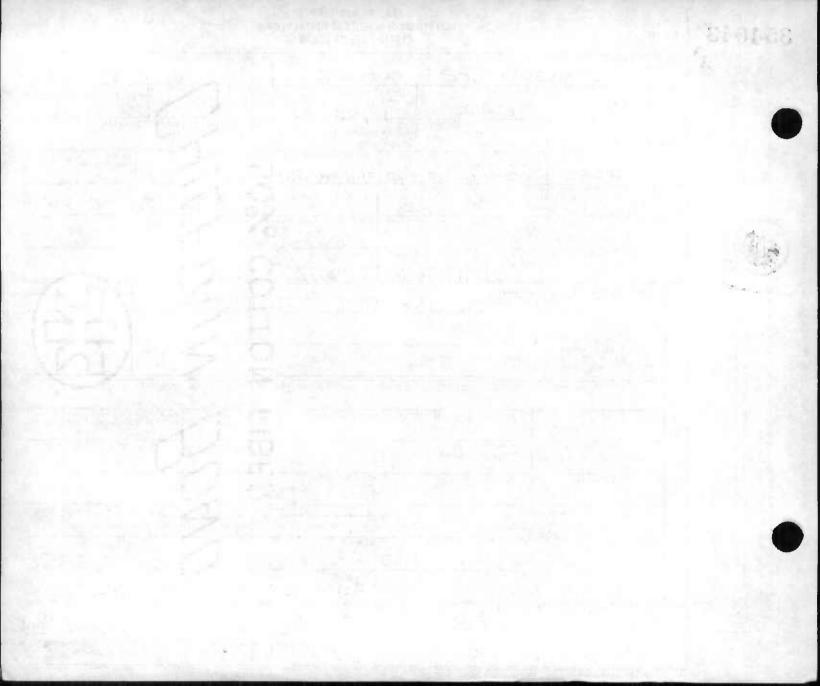
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physishould be detached for use as the burial-transit permit. Then please remove carbanpapa with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remova IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event,

ENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The Interined by the hospital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)



executed

attending physic

ial-fransit permit. Then please remaye carbon papermal hyperms print to burial, cremation, or remayal

certificate has been signed by

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 100 | REGISTRAR | | CERTIF | ICAIL OF D | EATH | R | EG. NO. | | |
|---------------|--|---|------------|------------------------|--|---------------------|---------------------------|---|------------------------------------|
| | ECEASED NAME James | MIDDLE S. | Cam | obell | | 20 DATE OF DEA | ATH MONTH | DAY YEAR | 26 HOUR |
| | JAMES | SHAY | CA | MABE | LL | | 12- | 15-85 | 8 A |
| 3. SE | | 4 RACE | 5. DATE (| | 45.0 | 6 AGE IN YEARS | AST BIRTHDAY) | IF UNDER 1 YEAR | |
| | Male | White | a | | - 09 | 76 | YRS | MONTHS DAYS | HOURS MIN. |
| | SIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | ? 8 | D A NEVERA | | 9 BALTIMORE | | | |
| Pe. | nnsylvania | U. S. A. | WIDOW | _ | ORCED | Malt | imore | City, | M |
| 1 | altimore | 11. NAME OF HOSPITAL, NURS II (IF NOT IN SUCH FACILITY, GIVE STREE St. Agnes A | ADDRESS) | | ITUTION | 120 USUAL OCC | | Cont. | nactin |
| lla: | STATE Md. 136 COUR | OTHER INSTITUTION GIVE RESIDENCE BEFOR | | 13d. INSIDE C YES 🌠 | NO 🗍 | 13 STREET ADDI | RESS / ZIP CO | Jt Ter | race |
| 07 | Thomas | Campbe | 211 | | MAIDEN NA | h MIC | DDLE | Alco | |
| | WAS DECEASED EVER IN U.S. AR | | | 17 INFORMA | | lyn M. | | Terrac ellBal | |
| | PART I. DEATH WAS CAUSE | TE CAUSE TO MEDIA | 7e 1 | FEPTE. | | | THE | | (IMATÉ INTERVAL ONSET AND DEATH |
| | Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) | JENCE OF | HE | Co | PS | | | |
| NO | | CONDITIONS CONTRIBUTING TO | | | | INAL DISEASE OR | CONDITION G | SIVEN IN PART 1 | O |
| CERTIFICATION | 19 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFOR | KMED | YES NO | JAN CERT | ES, WERE FIND! TIFYING CAUSES YES: [] | |
| MEDICAL CES | THE INJURY OCCURRED | | AY YEAR | 711 LOCATIO | | RED TENTER HATURE O | al people's de 123 hr. 18 | E WINEL I CHANNE SI | |
| ME | at work Not well | LATHONE STREET FACTORS, OFFICE. | FARM, ETC. | STREET | P | , cm | OFTOWN | FOUNDS | STATE |
| | 278-1 certify that (I) (this haspi saw the deceased abve on above, (I) (we) (did) (did no 22h SKGN) ORF | tol) attended the deceased fulfill. | 10 | / / | our) opinion o | leath occurred on | the date of the | | |
| | fullm | Telliph | | 100 | principal and the latest special field of the latest speci | DIRECTOR [] P | STAFF HYSICIAN [] | 77x DATE | SIGNED |
| 1 | HALL LUN | MAK THITERED | HEEK | STE ADDRESS | Thorn | es Ho | SPE | THEF- | 21229 |
| Tion Is | BURIAL CREMATION REMOVAL DIVINOR DIVINION REMOVAL | 12/18/85 Le | rrai | ne Par | k Cen | nateru- | Balt in | | ld. |
| 7. | uneral directorSterla 36 Edmondson | ing Funeral E. Ave.Catonsvi | atata | PA | 25a. DATE | E REC'D. BY REGIS | TRAR 254 REGI | | URE Deposition |

TO HOSPITAL OR ATTENDING shauld be detached for use TO FUNERAL DIRECTOR: IMPORTANT. BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

the haspital

| | ter death. Page 4 may | ne funeral aakstor, pag -alfa 72 bours after de |
|--|---|--|
| DRE, MARYLAND 21201 | secuted within 24 hours of | nd completely littled in by the |
| I W. PRESTON ST., BALTIMO | hat the death | by the or minima price in or cose remoind the properties of cremoters of the properties of the propert |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | NDING PHYSICIAN. The law requires that the digital moves are executed within 24 hours after death. Page 4 may all or attending physician. | R. After this certificate has been signed by the out-native system in and completely littled in by the funeral districtor, pages as the buriol-stoors permit. Then please removementally pages, and 2 charled by their will first boun offer degree prior to abund, termplean, termpose. **Footbook of New 18 shown on signed on other and and account of the stoors of the stoors. |
| VIQ | NDING I or of | R. After use as 1 Health a |

FUNERAL DIRECTO rould be detached for the State Dept. of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 364129 REG. NO L DECEASED NAME 2n DATE OF DEATH FIRST (TYPE OR PRINT) 1715 2 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 89 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE Th CITIZEN OF WHA MARRIED NEVER MARRIED COUNTRY BAltimore 17h KIND OF WORK FOR MOST OF WORKING LIFE) INDUSTRY omestic FATHER'S NAME 15 MOTHER EIRST ROWA 17 INFORMANT 16n WAS DECEASED ARMED FORCES? 16b. SOCIAL SECURITY NO IYES NO OR ONKHOWN (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY OFFICE FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital ended the deceased fram and that in (my) (our) apinian death occurred on the date and hour and from the causes stated abav, (1) we) (did) (did no) view the bady after death 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF MPORTANT. PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 12-19-85 Pleasant View Cem. Gaithersburg, Montg. MD 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRANDAM SHOULTRAND 246 N. Washington St. DHMH - 16 60M 7/84 (VRA 15, 4) Rockville, MD 20850 George R. Snowden

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AND ASSESSED TO A STATE OF THE PARTY OF THE

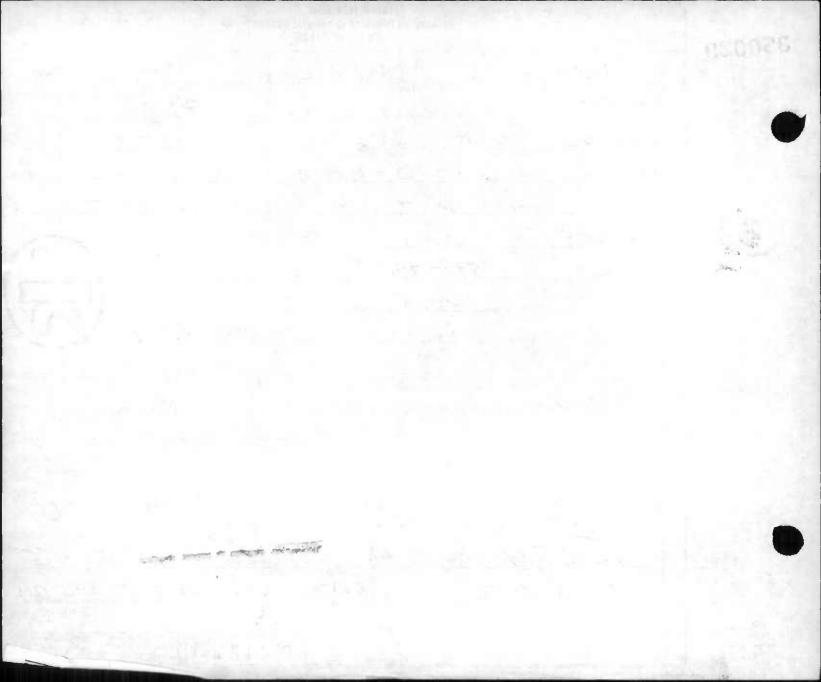
| | ALITENDING PHYSICIAN: The low requires that the denth certificate because defined when after denth. Page 4 may be sospital or offending physician. | be see the death of hours offer death. Prope 4 may be |
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificationed by the hospital or attending physician.

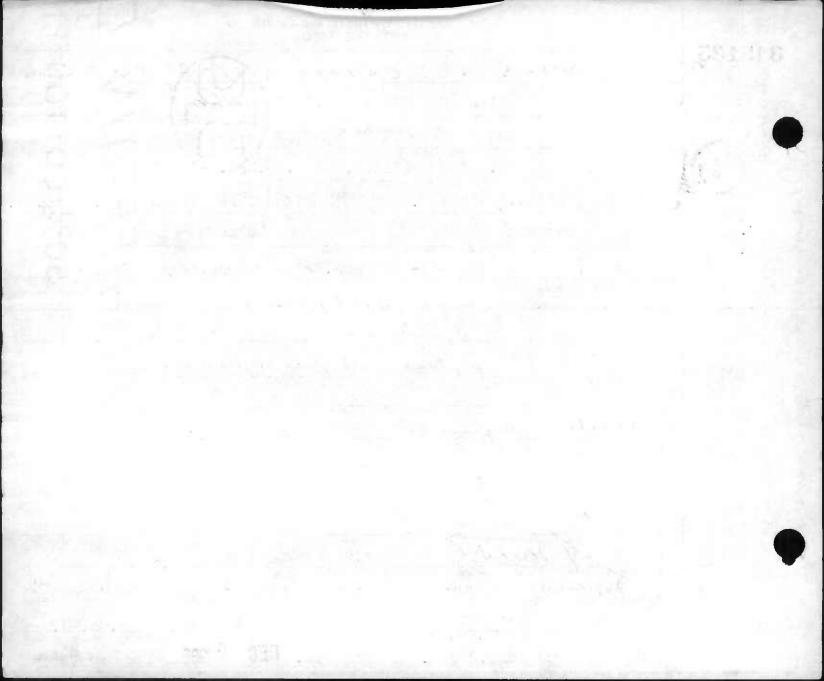
DHMH - 16 60M

| 1020 | 1- | STATE REGISTRAR | DE | PARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA | | REG, NO. | 0 0 | 3 -1 0 |
|--|---------------|--|-------------------------------|--|------------------|--------------------------------|--------------------------|-----------------------|
| VENU | | CEASED NAME FIRST | MIDDLE | LAST | 2a. C | DATE OF DEATH MONTH | DAY YEAR | 2b. HOUR |
| poge 3 | 11112 | LUCILL | EL | CAMPBELL | 4 | 12 | 09 85 | 0340M |
| fter o | 3. SE | FERNALE " | RACE | 5. DATE OF BIRTH | 6. AC | GE (IN YEARS LAST BIRTHOAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| a sums a | | HETUTALE | 13 | 04 06 | 06 | 749 vs | RS | |
| 2 2/7 | 7a. BI | RTHPLACE (STATE OR FOREIGN 71 | CITIZEN OF WHAT COU | MARRIED NEVER MAR | RIED 9 BA | ALTIMORE CITY OR COU | NTY OF DEATH | |
| 10 10 | 10 CI | LY OR TOWN OF DEATH | 1 NAME OF HOSPITAL N | WIDOWED DIVOR | | USUAL OCCUPATION | Ty | MD. |
| 41 RS | 100 | 3141 70 | (IF NOT IN SUCH FACILITY, GIV | E STREET ADDRESS) | (TYPI | OF WORK FOR MOST OF WORKIN | NG HEE INDUSTRY | Dept of |
| 62 4 | | AL RESIDENCE (IF NURSING HOME OR O | | The second secon | >> | Ketired | Heal | th Ed+ W |
| 1,36 | 13a. S | STATE 136 COUNT | | TOWN 13d INSIDE CITY I | _ | TREET ADDRESS / ZIP C | UBUE ST | - 2122 |
| | 14. FA | | ODIE LA | 15 MOTHER'S MA | | WIDDIE | 144 | C7 |
| 1,000 | | HORACE | C | ARK J | GSSIE | | UN | K |
| 10 1 | | VAS DECEASED EVER IN U.S. ARM VES. NO OR UNKNOWN) (IF YES. GIVE Y | WAR OR DAVIES | L SECURITY NO. 17 INFORMANT | . 0 | ADDRESS | / / | 1 |
| | | UNIC | 578 | -14-1100 Pauli | ne P. | Dennis 20 | 7N.1 | 10nrozs |
| hysic soph mt, ft | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | DV A - M | | / | | BETWEEN | ONSET AND DEATH |
| 0 00 0 0 00 0 0 00 | 7 | SON SIMMEDIATE | CAUSE (o) CAM | SPIAC ASISE | >7 | | | |
| e cor er, or emofi | | 0.00 | DUE TO, OR AS A CON | SEQUENCE OF 2 | 0 TO F | PACTURE OF | | |
| se att motto | | Conditions, if ony, which gove rise to immediate | | | 10. | KITOTORE CI | 6 | |
| by the | | couse 101, stoting the underlying couse lost. | DUE TO, OR AS A CON | SEOUENCE OF | | | | |
| n ple burio ry, or | | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTIN | G TO DEATH BUT NOT RELATED TO | THE TERMINAL | DISEASE OR CONDITION | GIVEN IN PART I | 0 |
| The or to inju | ION | SEPS15 | | | | ACCIDEN | T | |
| s price | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR V | WHICH OPERATION WAS PERFORME | ED 20 | a AUTOPSY? ZUB. IF | YES, WERE FINDING CAUSES | NGS USED OF DEATH? |
| Sit po | RTIF | | | | | S NO | YES | NO 🗆 |
| -tron-tron | | 210, ACCIDENT WAS UNDERLYING X | HOURX MONT | H DAY YEAR | | ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 2) | |
| Mente T Hen | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | 10 P.M. 1 | 1. 30 185 Subject | fell d | own_steps | 1 | |
| the band A | ME | WHILE NOT WHILE I | (AT HOME STREET FACTORY | DEFICE, FARM, ETC) STREET | | CITY OF TOWN | COUNTA | STATE |
| Afte e os olth olth mork | | 220.1 certify that (1) this hospita | home | 1207 N. M | ionroe S | 82 1,00 | re 25 | - MD |
| S FEST | | sow the deceased plive on | 12/09 | 7 | Vopinion diffith | an the date of | how and from the | that (I we lost |
| REC hed for the spt. of the sp | | obove, (I) we) (did) (did not) 22b. SIGNATURE | view the body after deoth. | DEGREE | Parameter 1 | DV | 22c. DATE | |
| ote Do | | Buchelli | 51 | | SICIAN DIR | ECTOR PHYSICIA | free 12/ | 09/80 |
| FUNERAL STOPE ORTAN | | 22d. PHYSICIAN'S NAME | Brown L | 22e ADDRESS | OTCIAT DIN | ECTOR CONTROLLED | | 77.63 |
| should b with the | | CARLOS N. | ZIGEL | YOMIEM. | | 25. GREENE | = 5T B | AL 2/201 |
| - N > - | 23a B | SPECIFY DANGE T | 23b DATE | 23c NAME OF CEMETERY OR CREA | | d. LOCATION CITY OR TOWN | COUNTY | SEATE |
| | 24 61 | Burial JNERAL DIRECTOR | 12/14/85 | Lincoln Memorial | | Suitland | | MD |
| H · 16 60M 7/84 VRA 15, 4) | | lliam C. March | E/H Wast 120 | ORESS O Wahach Augus | DEC | D. BY REGISTRAR 250 REC | LYIKAK S SIGNAL | Portpasses |
| [4KM 13, 4] | AAI | TITUIII O. PIGICII | 111 MC2 C 430 | o wabasii Aveilue | I ULU | - C | | |

STATE OF MARYLAND



| | FOR STATE REGISTRAR | DEPAR | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 3 5 | 3 6 4 |
|-----------|---|---|--|--|---|
| | DECEASED NAME FIRST | ORRIS R. | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| 2 | . Y/ | 4. RACE | CANNON | | 9 85 4:20 |
| 5. | Male | White | S. DATE OF BIRTH AMPHIL 18, 1919 | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MI |
| l o | Georgia | 76 CITIZEN OF WHAT COUNTRY USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | Baltimore CITY OR COUNT | |
| 10 | Baltimore | | ing HOME OR OTHER INSTITUTION OSPITAL, Balto.M | 128 USUAL OCCUPATION (1795 OF WORK FOR MOST OF WORKING) | ht Alberican |
| 10 | AL RESIDENCE (IF NURSING HOLES STATE 136 C | NE OR OTHER INSTITUTION BESIDENCE BEFORE BEAUTY OR, TO BAITO | WN 113d INSIDE CITY LIMITS? | 13.2726 Arbutus | 21227 Ave.Balto. |
| 1 | SFATHER'S NAME FIRST UT | ıkñöwn ^{last} | 15 MOTHER'S MAIDEN N. | | LAST |
| 6 | Q WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE | ARMED FORCES? 166. SOCIAL SEC 5. GIVE WAR OR DATES) 260-14 | | cannon, Same a | above |
| 1 | | er only one couse per line for (a), (b), o USED BY DIATE CAUSE (a) | respeciality are | ut | APPRÖXIMAYE INTERVAL BETWEEN ONSET AND DEATH |
| 4 | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEON | DENCE OF right fliae | ancery se | VEN IN PART 110 |
| TIELCATIO | 19a DATE OF OPERATION 17 8 8 | 0 0 1 | HOPERATION WAS PERFORMED | IN CERTI | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \) |
| | OR CONTRIBUTING TO CAUSE O | F DEATH HOUR A.M. MONTH | DAY YEAR | RRED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) |
| AMEDICAS | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21¢ PLACE OF INJURY (AT HOME STREET FACTORY OFFICE | FARM_EIC) 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | sow the deceased aliv | ospital) attended the deceased from e on 12 R 19 doot) yiew the body after death. | 3, ond that in (my) (our) opinion | 7 . to | 19 |
| | 27b. SIGNATURE | Saids | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 224. DATE SIGNED |
| | 22d. PHYSICIAN'S NAME OF | | 900 GA | for Avenue - | Solline - He |
| | BURIAL, CREMATION, REMO (SPECIFY) Burial | 12/11/85 Ga | NAME OF CEMETERY OR CREMATORY ters Church Cem | | COUNTY STATE |
| 24 V | FUNERAL DIRECTOR CCully Funer | Balto Md.272 ADDRESS Cal Home.237 E. | | TE REC'D. BY REGISTRAR 256 REGIS | TRAR'S SIGNATURE |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 | FOR | | | EPARTMENT OF | 5 5 | 0 9 | 6-44 | | | | |
|---|-----------------------|---|---------------------|---------------------|---------------------------------|----------------|---------------------------------|----------------|-------------------------|---------------|------------------------------|----------|
| 4021 | | STATE REGISTRAR | | MEI | DICAL EXAMI | NER'S | ERTIFICATE O | F DEATH | REG. N | 0 | | |
| LIONIX | 1. DE | CEASED NAME | FIRST | | WIDDIE | | LAST | 2 a | DATE KNOWN | | DAY YEAR | 2b HOUR |
| W ~ | (TYP | E OR PRINT) | haran | М | | Cann | 0110++1 | 1 | OF ESTI- | | 7/05 | |
| PIEAS CTOR FILES FOUR | 3 SE) | | Sharon | Mau ATE OF BIRTH | reen | YEARS IF UN | elletti DER 1 YR. IF UNDER | | DATE | MONTH | 7/ 1985 DAY YEAR | A HOLI |
| REC H | | | MC | ONTH DAY | YEAR LAST BIRTH | MONTE | | | DNOUNCED | 201 | 07/05 | 8:16 |
| A A A A A A A A A A A A A A A A A A A | | emale Whi | | | 1951 34 | YRS. | | | DEAD | | 27/185 | P N |
| SEES SEES | FO | REIGN COUNTRY) | 70.0 | TITZEN OF WE | IAT COUNTRY? | MARR | ED X NEVER MARR | IED L | ALTIMORE CITY | | | |
| IS NECESSARY, PLASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS WE RESTON STREET. | Ma | ryland | | U.S.A | | WIDOW | | | Baltimore | | | MD |
| PAGE 5 PERILED, W | 10. CI | TY OR TOWN OF DEA | | | PITAL, NURSING HOA | | ER INSTITUTION | | OCCUPATION (TY | PE OF WORK | OR INDUST | |
| L CSS PA | | Baltimor | e | Union I | Memorial H | ospita | al | Homen | aker | | | |
| ANY DEL AND 3 TO RETAIN P FOULD BE RECORDS, | USU A | L RESIDENCE (IF IN NUR | SING HOME OR OTHE | R INSTITUTION, GIV | 130 CITY OR TOWN | | 13d. INSIDE CITY LIMITS? | 13e STREET | | | | |
| AND 3 RETAIN SHOULD | | vland | Baltimo | re City | | | YES WO NO | | Greenmou | - A | 21818 | |
| A S 32. = | | THER'S NAME | | | I Dal Clinol (| | 15. MOTHER'S MAIDE | NNAME | | nt_AVE | | |
| M PW PW | 1 | Virai1 | E | | LAST | | FIRST | | MIDDLE | | LAST | |
| 20 × × 40 / - | 16a V | Virgil VAS DECEASED EVER | | | Ferguson | ITY NO | 1ris | | Agnes | | ngner | |
| GIVE GANGES DIVISION | (Y | ES, NO, OR UNKNOWN) | (IF YES, GIVE WAR O | R DATES] | TW. SOCIAL SECON | | | | | | | |
| B SIVIS | | NO [| N/ | - | | | A.T.Cappel | letti, | ,Same as | Above | <u> </u> | |
| | | 18 CAUSE OF DEATH | d (Enter only one | cause per line | far (a), (b), and (c).) | | | | | | APPROXIMATE BETWEEN ONSET | |
| IN TE IN TE IN ALOR SIT FER HYGIENE, MOVAL | 15 | 01110 | IMMEDIATE CA | USE (a) | | Head | Injuries | | | | | |
| NA FINA | | 814/ | (| DUE TO, OR | AS A CONSEQUENCE | E OF | | | | | 7.4 | |
| O WITHIN THE PENCIL IN THE WINER ALDIN THE - TRANSIT FEE ENTAL HYGIEN OR REMOVAL | | Conditions, if a gave rise to | | (b) | | | | | | | | |
| SELEN SELEN | | cause (a) stating | | DUE TO, OR | AS A CONSEQUENCE | E OF | | | | | | Ties Co. |
| XECUTE JG" IN SAL EXA BURIAL AND M | | lying couse last. | | (c) | | | | | | | | |
| BE EXECUTE VDING" IN EDICAL EXA S A BURIAL LITH AND M REMATION, | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRI | BUTING TO DEATH I | OUT NOT RELATED TO THE TE | RMINAL DISEASI | OR CONDITION GIVEN IN PA | RT 1 /gl. | | | | |
| BE EADING SA A LITH | Z | | | | | | | | | | | |
| - 0 = 5 A A A A | MEDICAL CERTIFICATION | 190 DATE OF OPERA | TION | 19b. CONDIT | ION FOR WHICH OP | ERATIONW | AS PERFORMED? | | | | 20 AUTOPSY? | - |
| ると言いる | FF | 1000 | | | | | | | | | YES 🔯 | NO 🗆 |
| T BENDE | 1 2 | 210 EXTERNAL CAUS | EWAS | 21b. TIME OF | INJURY | 121c Ho | OW INJURY OCCURRE | D. JENTER NATH | RE OF INJURY IN ITEM 18 | PART LOR PART | | NO L |
| THIS CERTIFICATE S WRITING THE WC WARDED TO THE C PAGE 3 SHOULD BE TATE DEPARTMENT 21201 PRIOR TO BU | LO | UNDERLYING X C | OR | | | AR | | | | | | |
| A SA | 0 | 21d. INJURY OCCUR | | | 12/27/19 DE INJURY (AT HOME. | | oject pedes | strian | struck k | by tru | ck | |
| S S S S S S S S S S S S S S S S S S S | ME | WHILE NOT | | | ORY, FARM, ETC.) | | TREET | CI | TY OR TOWN | COUR | NTY | STATE |
| WAR WAR | 100 | AT WORK AT WE | | S | treet | 37 | 00 Blk. Gre | eenmou | nt Ave., | Balto | . City, | Md. |
| " N " N " | | 22a I certify that I | taak charge of t | he remoins desc | ribed obave, held an | Autap | y X Inspection | n | nguiry . a | nd in my opii | nion | |
| ICAL EXAMNER. ETHE CERTIFICAT SHOULD BE FOR ERAL DIRECTOR: EATH, WITH THE DRE, MARYLAND | | death resulted from: | Naturol car | uses . | Accident X | Suicide | , Hamicide . | Undeterm | ned manner . | | | |
| SE DE S | P | | 1 | rk | 11/ | | TITLE (SPECIFY) | | | | | |
| CAL EX. THE CER SHOULD RAL DIR SATH, WI | | ACTUAL SIGNATURE | when | to In | 3 Maille | M | | + MEDICA | EVAMBLED | DATE | 12/28 | /85 |
| SER SER | | J. O. T. O. T. D. | | | | | . 110010 | MEDICA. | LEXAMINER | SIGNEL | 12/20 | - 00 |
| A SEE | 1 | EXAMINER'S NAME (TYPE OR PRINT) | Margai | rita A. | Korell, M | .D. | ADDRESS 1 | ll Peni | n St. | | | |
| TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, M | 23a.BI | JRIAL, CREMATION, RE | | | 23c. NAME OF C | | ADDRESS | 23d LOCA | | | | |
| | [5 | PECIFY) | | .2,1986 | | | | CITY OR TO | OWN | COUNT | 011 | ATE |
| BP | | nova/Buria] | Jan | . 4, 1900 | R.A.Fe | TIIS 8 | | REC'D. BY REC | Chester. | Uneste | er, Pemna Gnatupe | ì. |
| DHMH - 17 | | NAME | | ADDRESS | and the second | | 1 | AN 8 | 1986 | LA: A | with the | |
| (VR A15 ME (5)) | Tai | ring Funer | al Home | P.A.A | berdeen.M | 0.2100 | 1-3399 | ANT O | IJ UNG | 1 | mistrar- | THERE |

DRE, MD. 21201 DIVISION OF VITAL RECORDS, 201 W. PRESTOR

B

07/84 BP. 25M

MAK 1985 John David

| _ | FOR |
|---|-----------|
| 1 | STATE |
| | REGISTRAR |

BALTIMORE

136 COUNTY

1. DECEA (TYPE OR P 3 SEX

70. BIRTHI COUN

MEDICAL

003009

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| GISTRAR | | | CERTIFICATE OF DEATH | REG. NO. | | |
|----------------|------------|-----------------------------|-----------------------|---------------------------------|-----------------|--------------------|
| SED NAME | joshu | A MIDDLE | CARBAUGH | DECEMBER 19, 1 | 985 12 | 26 HQUR ; 16 р. |
| | | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| Male | | White | Jan. 12 1985 | YRS | MONTHS DAYS | HOURS MIN. |
| PLACE (STATE (| OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | | |

Maryland DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

126 KIND OF BUSINESS OF INDUSTRY THE JOHNS HOPKINS HOSPLTAL

BALTIMORE CITY

STATE

n Smithsburg 13. STREET ADDRESS / ZIP CODE Washington Maryland FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jennie Ruth Denton Jefferv Carbaugh Wayne

ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (YES TO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

Jennie Carbaugh same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF cause ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

CERTIFICATION 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? None NO [

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY

AT WORK 220.1 certify that (1) this hospital) attended the deceased from Dece and that in((my) (our) opinion death occurred on the date and have and from the causes stated

abave, (1) (we) (did) (did not view the body after death DEGREE 22c DATE SIGNED ATTENDING STAFF MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 27d PHYSICIAN'S NAME (1991 OF FREE Intensive Hopkin Hosp. 600 N. Witte St. 1811

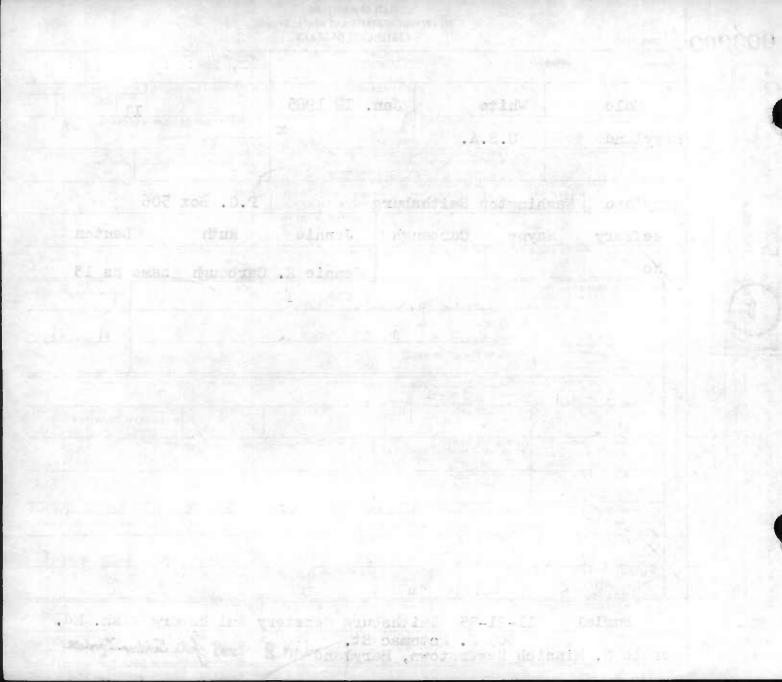
230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE Smithsburg Wash. Md. Smithsburg Cemetery Burial

24 FUNERAL DIRECTOR 305 N. Potomac St. Gerald N. Minnich Hagerstown, Maryland

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECT hould be detached forth the State Dept. of

IMPORTANT



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 completely filled in by deoth certificate be TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TTENDING PHYSICIAN. The low

injury, or other troumotic event, the

MPORTANT: If Hem 21 is morked or Hem 18 show

| STATE OF MARYLAND | |
|---------------------------------|---------|
| DEPARTMENT OF HEALTH AND MENTAL | HYGIENE |
| CERTIFICATE OF DEATH | |
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| - ST | OR TATE EGISTRAR | | | DEF | | IEALTH AND MENTAL | HYGIENE | REG. NO. | 000 | |
|-------------------------|--------------------------------------|---------------------------|-----------------|--------------------|------------------------|---|----------------|---|------------------------------|--------------------|
| 1. DECEA | ASED NAME | FIRST | | WIOOFE | 1 | AST | 20 DATE | OF DEATH MONTH | OAY YEAR | 26 HOUR |
| (TITE OK) | | ames | Ander | rson | Car | michel | Dec | ember 17. | 1985 | M |
| 3. SEX | | | 4 RACE | | 5. DATE C | OF BIRTH | | N YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| Mal | .e | | White | | nonte 1 | 10 190 | 9 | 76 YR | The same | HOURS MIN |
| 7a. BIRTH | PLACE (STATE OF | FOREIGN | 76. CITIZEN OF | WHAT COU | VTRY? 8 | D NEVER MARRIED | 9 BALTIN | ORE CITY OR COU | | |
| | essee | - | U.S.A | . 1 | WIDOWE | | | timore Cit | zv | MD. |
| | OR TOWN OF DEA | ATH | | | IURSING HOME C | OR OTHER INSTITUTION | 12a USUA | L OCCUPATION | 126 KIND C | OF BUSINESS OR |
| Bal | timore | 4 | | | | dical Cente | | | | ran Hosp |
| USUAL R | RESIDENCE (IF NURS | 136 COUN | | GIVE RESIDENCE | | 136 INSIDE CITY LIMITS | 112. STDEET | T ADDRESS / ZIP CO | | |
| | land | | imore | Dund | | YES NO K | | Kavanagh | | 21222 |
| 14. FATHI | ER'S NAME | | AIODLE | | | 15 MOTHER'S MAIDEN | | | | |
| Char | | | I. | Carm | ichel | Lena | | MIDDLE | Ham | pton |
| 160 WAS | DECEASED EVER | IN U.S. ARA | AED FORCES? | - | SECURITY NO. | 17 INFORMANT | | ADDRESS 91 | 9 Larkha | |
| Yes | NO OR UNKNOWN) | WW | WAR OR DATES) | 241- | 07-6609 | Nancy K. K | enny | | to. MD. | 21222 |
| CERTIFICATION PAGE 1990 | DATE OF OPERA | NIFICANT C | 19b. COND | CONTRIBUTION FOR V | ATUR VHICH OPERATIO | LETATE NOT RELATED TO THE T WAS PERFORMED 216 HOW INJURY OCC | 20a AU YES | The or constitution to pull to pull to pull to post? 206. IF | YES, WERE FINDING CAUSES YES | o / NGS USED |
| 1 0 | R CONTRIBUTING | | | | H DAY YEAR | | | | | |
| WED 21 | HILE NOT WE WORK | RED | 71e PLACE | OF INJURY | OFFICE, FARM, ETC.) | 211 LOCATION STREET | | CITY OR TOWN | COUNTY | STATE |
| 220 | s.1 certify that (I) | | ol) ottended th | e deceosed | from | . 19 | , to | | . 19 | that (I) (we) lost |
| 220 | sow the deceose obove, (I twe) (o | ed olive on did) (did not | view the obdy | 1/ | | DEGREE TTENDING | c hence | | hour and from the | |
| | ELMA | G. | PANI | ZAL | 3 | FT. Hou | WARD | vAnne | 2 | 052 |
| (SPEC | IAL, CREMATION, | REMOVAL | 23b. DATE | | 23c. NAME OF C | EMETERY OR CREMATO | ORY 23d LO | CATION ITY OR TOWN | COUNTY | STATE |
| Buri | al | | 12/20/ | /1985 | Holly | | | te Marsh | M | aryland |
| | RALDIRECTOR I | | Ruck, Ir | nc. ADD | Marrian | | DATE REC'D. BY | REGISTRAR 256 REG | SISTRAR'S SIGNAT | TURE Randelle |

DHMH - 16 60M 7/84 (VRA 15, 4)

7922 Wise Avenue

Dundalk.

Maryland

TO HOSPITAL

Carmer despetations to be in With the Pulletine; Turney they he letter ETRONE DIVERS THAT HE STATES OF MALES

| - | | FOR |
|---|----|-----------|
| 1 | ** | STATE |
| | | REGISTRAR |

STATE OF MARYLAND

| STATE OF MARKEAND | 24 |
|---|----|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE | O |
| CERTIFICATE OF DEATH | |

| YG | IENE O O | 0 0 | Q | 3 | 6. |
|-----|---------------------------------|------------|---------|-------------------|-------------|
| | REG. NO | | | | |
| | 20 DATE OF DEATH MONTH | DAY | YEAR | 2b. HOUR | |
| | DEC. 20, 1985 | | | 4:45 | PM |
| | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS | 1 YEAR | IF UNDER 24 HOURS | HRS AIN. |
| 01 | 84 YRS | MONTHS | DAIS | HOURS | NIN, |
| | 9. BALTIMORE CITY OR COUN | TY OF DE | ATH | | |
| | BALTIMORE CI | TTV | | | MD. |
| | 120 USUAL OCCUPATION | 12b H | | BUSINESS | |
| | HOUSEWISE | LIFE) INDL | Jun | Home | |
| | 130 STREET ADDRESS / ZIP COI | | cle' | 19958 | 99 |
| NAN | AE MIDDLE | 17.7 | LAST | | |
| | | | | nown) | |
| | ADDRESS | | - 4 | | |
| ar | ney same as # | 13 | | | |
| | 0 | 100 | WEEN O | AND PRICES | die . |
| 2 | Z | - | 101 | ent? | |
| 7 | 2 | 13 | 3 | on | 2 |
| 1 | | | | 0 | |
| RMI | NAL DISEASE OR CONDITION G | IVEN IN P. | ART I o | | _ |

| 3 2 | . DEC | CEASED NAME FIRST | | | | | | | | |
|----------------------|-----------------------|---|--|--|--|---|--|---|---|---------------------------------|
| | (TYPE | OR PRINT) | | MIDDLE | LAS | ĭ | 20 DATE OF DEATH | MONTH | DAY YEAR | 2b. HOUF |
| 1 | | ESTI | | K | CARNI | EY | | 1985 | | 4:4 |
| 12 | LSEX | | 4 RACE | | S. DATE OF | BIRTH DAY YEAR | 6. AGE (IN YEARS LAST BIR | THDAY) | MONTHS DAYS | HOURS |
| L | _ | emale | Whit | | | uary 15, 190 | 84 | YRS | | |
| 20 | C | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | ? 8 MARRIED | NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY | OF DEATH | |
| 2 | | laryland | u | S.A. | WIDOWED | DIVORCED | BALTIMO | | | |
| 0 | | TY OR TOWN OF DEATH | TO HEAT IN | HOSPITAL, NURSII | NG HOME OR | OTHER INSTITUTION | 170 USUAL OCCUPATIONS OF WORK FOR MOST OF WORK FOR MOST OF | | 126 KIND C E) INDUSTRY | |
| 9 | | AL RESIDENCE (IF NURSING HO | | | | | Housewife | | Own | Home |
| 40 | 13a S | TATE 13b C | OUNTY USSEX | 13c CITY OR TOV | WN 11 | 34 INSIDE CITY LIMITS? YES NO X | 130 STREET ADDRESS | | | 1995 |
| 35% | 4 FA | THER'S NAME | MIDDLE | LAST | 1 | S. MOTHER'S MAIDEN NA | | | 141 | |
| 25 | | William | MIDDLE | Keen | | Clara | MIDDLE | | lun | known |
| 3 | 6a W | VAS DECEASED EVER IN U.S | S. GIVE WAR OR DATES) | 166 SOCIAL SECT | URITY NO. 1 | 17 INFORMANT | ADDRI | SS | | |
| 5 | N | lo | s, one war or bates) | 017-52- | 4161 | James W. Car | ineu same | as # | 13 | |
| 1 | | 18 CAUSE OF DEATH (Ente | er only one couse pe | er line fayya), (b), ai | nd ici. I | 1 | Δ | | BETWEEN | MATE SHIER ORIGIT AND |
| | | PART I. DEATH WAS CA | DIATE CAUSE (o) | 16-n | rato | n Aures | Z | | 1/0 | lunk |
| | 50 | | DUE TO, C | OR AS-A CONSEQU | JENCE OF |) 0 | | | -1 | |
| | | Conditions, if ony, which | h ((b)_ | Porte | e he | morhan | 2 | | 50 | Long |
| | | gave rise to immediate cause (a), stating the underlying cause last | DUE TO. C | OR AS A CONSEQU | JENCE OF | 1 | | | | 1 |
| | | | | | | U | | | 4 | 1 |
| | | | ((c)_ | | | | | | | |
| | N | PART 2 OTHER SIGNIFICA | ((c)_ | ONTRIBUTING TO | | OT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIV | EN IN PART 1: | 0 |
| | ATION | | nt conditions <u>c</u> | ONTRIBUTING TO | DEATH BUT N | | INAL DISEASE OR CON | | EN IN PART 1: | 7/4 |
| 2 Sun lui fuel Sun 2 | IIFICATION | PART 2 OTHER SIGNIFICA | nt conditions <u>c</u> | | DEATH BUT N | | 200 AUTOPSY? | 20b. IF YES | 5, WERE FINDI | NGS USEE |
| 2 | CERTIFICATION | PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | IPE COND | DITION FOR WHICH | DEATH BUT N | | 200 AUTOPSY? | 20b. IF YES IN CERTIF YES | S, WERE FINDII YING CAUSES S | NGS USE |
| 6X | CERTIFI | PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O | NT CONDITIONS C | DITION FOR WHICH DF INJURY .M. MONTH D | DEATH BUT NO | WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES IN CERTIF YES | S, WERE FINDII YING CAUSES S | NGS USE |
| 2 | CERTIFI | PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | IC) | DITION FOR WHICH DE INJURY M. MONTH D M. OF INJURY | H OPERATION DAY YEAR 19 | WAS PERFORMED | 200 AUTOPSY? YES NO NOTE: RED (ENTER NATURE OF INJU | 20b. IF YES IN CERT IF YES | S, WERE FINDING CAUSES S ART I OR PART 2) | NGS USEE S OF DEAT NO |
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| 3 | MEDICAL CERTIFI | PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | TONDITIONS CONTROL OF DEATH HOUR A MINER) 21b. TIME CHOUR A P P P P P P P P P P P P P P P P P P | OITION FOR WHICH OF INJURY M. MONTH D M. M. OF INJURY REET FACTORY, OFFICE. Ve deceosed from 2 U y ofter death. 736 736 W | DEATH BUT NO HOPERATION DAY YEAR 19 FARM, ETC 1 DE NAME OF CEA | WAS PERFORMED 211 LOCATION STREET 211 LOCATION STREET That in (my) (aur) apinian EGREE ATTENDING PHYSICIAN 270 ADDRESS 600 WETERY OR CREMATORY OF CREMATORY OF CREMATORY OF CREMATORY | 20a AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC N. WOLFE ST 23d LOCATION CITY OR TOWN Catonsvi | 206. IF YES IN CERTIF YES IN CERTIF YES IN CERTIF YES IN ITEM 18 POWN IN ITEM | COUNTY | that (I) (causes structured MD. |
| 7 | MEDICAL CERTIFI | PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF ETHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE 22a.1 certify that (1) (this h saw the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (T | IC) NT CONDITIONS C 196 COND 196 COND 196 COND 216 TIME C HOUR A MINER) 21e PLACE (AT HOME, SI 21d nost view the Bady YPE OR PRINT) VAL 236 DATE 1 2/23 3 CLC WA | DEFINIURY .M. MONTH D .M. OF INJURY REET FACTORY, OFFICE. We deceosed from 2 C 19 y other death. 23. 3/85 W Ltzke Fun | DEATH BUT NO HOPERATION DAY YEAR 19 FARM, EIC 1 DE NAME OF CEA CSTVICEM CRAL HO | WAS PERFORMED 216 HOW INJURY OCCURI 211 LOCATION STREET That in (my) (aur) apinian EGREE ATTENDING PHYSICIAN 220 ADDRESS METERY OR CREMATORY OF CREMATORY OTHER P. A 1250 DAT OTHER P. A 1250 DAT OTHER P. A 1250 DAT | 20a AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC N. WOLFE ST 23d LOCATION CITY OR TOWN Catonsvi | 206. IF YES IN CERTIF YES IN CERTIF YES IN CERTIF YES IN ITEM 18 POWN IN ITEM | COUNTY | that (I) (causes sto |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should buse All DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please reminish the State Dept. of Health and Mental Hygiene prior to burial, cremo MPORTANT; If them 21 is marked or them 10 -t-

| | 1 - | FOR STATE REGISTRAR | | DEF | | HEALTH AND MENTAL HY IFICATE OF DEATH | GIENE B S | D. | Ú 0 | 4 5 |
|----------------|----------|--|--------------------|------------------|--------------------|--|--|---|-----------------------|-------------------------------|
| | | EASED NAME FIRST OR PRINT! | Com | MIDDLE | C | ARNEY | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| 3. | SEX | | 4 RACE WE | HITE | 5. DAT | E OF BIRTH | 6. AGE (IN YEARS LAST BIRT | HDAY) IF L | UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| 8 | M | RTHPLACE (STATE OR FOREIGN OUNTRY) aryland | 76 CITIZEN OF | | WIDO | RIED NEVER MARRIED WELL DIVORCED | pala | i'a | ~ | WE |
| 11 | В | Y OR TOWN OF DEATH altimore L RESIDENCE OF NURSING HOME O | (IF NOT IN SU | CH FACILITY GIVE | STREET ADDRESS) | E OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Secretary | | Offic | BUSINESS OR |
| 2 13 N | Ma | TATE 136 COULT | | 13c. CITY OF | | 13d INSIDE CITY LIMITS? YES TO 15 MOTHER'S MAIDEN NO | 13e STREET ADDRESS / | | treet | 21201 |
| 00 | | Michael (AS DECEASED EVER IN U.S. AF | T. | Carne | | Ellen | T. | | Fitzge | rald |
| 1 | () | NO OR UNKNOWN) (IF YES, GI | VE WAR OR DATES) | | 07-7764 | Dorothy Muri | cay 5549 Oakl | and Rd | | 27 |
| 200 | CS | gove rise to immediate couse (o), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT | ((c) | CH | SEQUENCE OF | | minal disease or conf | DITION GIVEN | IN PART 110 | |
| Septime Carlow | KIIFICAL | 19a DATE OF OPERATION | | | VHICH OPERAT | ION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, W IN CERTIFYIN YES [| | |
| 9 legion | | 21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | ATH HOUR A | | H DAY YEA | IR . | RRED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART | I OR PART 2) | |
| 2 | WE | WHILE NOT WHILE ALL WORK 220.1 certify that (I) (this hasp | (AT HOME ST | REET, FACTORY C | OFFICE FARM, ETC.) | STREET | CITY OR TO | VN 10 | COUNTY | STATE |
| | | sow the deceased alive or above. If two trials and no | 1) view the bear | after depth. | - (- / | ond that in (my) (our) opinion | | | nd from the c | |
| 1 | | 220. PHYSICIAN'S NAME TYPE | | Illu | n | ATTENDING PHYSICIAN 22e ADDRESS | MEDICAL STAF | | My | 188 |
| 23 | | URIAL, CREMATION, REMOVAL | | | | CEMETERY OR CREMATORY | Hospital 23d LOCATION CITY OR TOWN | C) | OUNTY | SIATE |
| B4 | | Burial NERAL DIRECTOR NAME bbard Funeral | 12/4/8 Home, In | ADE | PRESS | 21227 | TE REC'D. BY REGISTRAR | Bal 255 REGISTRA | timore R's SIGNATU | Md. |

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 1 | | |
|----|---|--|
| W. | | |
| | 1 | |

3 3 6 4

| | | REGISTRAR | | | | CERTIF | ICATE OF DEAT | TH | REG. N | 0 | | |
|-----|-----------------------|--|-------------------------|------------------------------------|---|-------------|---|-----------|--|------------------|---------------------------|-------------------------------|
| _ | | 00.00 | FIRST | ٨ | AIDDLE | ARRING | AST LTON | | 26. DATE OF DEATH DECEMBER | MONTH | 1985 | 2b. HOUR |
| | 3. SEX | | | 4 RACE B. | LACK | 5 DATE O | | EAR | 6. AGE (IN YEARS LAST BIR | , | IF UNDER LYEAR | IF UNDER 24 HRS HOURS MIN. |
| 0 4 | Ja. BII | TRGINIA | REIGN | | .S.A. | /? 8. | NEVER MARK | RIED 🔟 | BALTIMORE CITY O | R COUNT | TTY | ME |
| 3 | | TY OR TOWN OF DEATH BALTIMORE | 1 | | HOSPITAL, NURS H FACILITY, GIVE STREI | | r other institut | NOI | 120 USUAL OCCUPAT | | | F BUSINESS OR |
| | 130 S [V] | ARYLAND | HOME OR | | GIVE RESIDENCE BEFO 130 CITY OR TO BALTIM | | 134 INSIDE CITY L YES A NO | | | Ær ^{co} | VENUE | 21215 |
| | N. | ATHANIEL | | | RINGŤÖN | | BETTY REST | IDEN NAM | MIDDLE | | RRINGTÖ | 'n |
| | N | VAS DECEASED EVER IN VES NO OR UNKNOWN) | | MED FORCES? | 185-10 | | EVELYN | STEW | ART 6802 | | | 21207 |
| | 2 | PART 2 OTHER SIGNIF | diote the last | (c) | R AS A CONSEQUENTRIBUTING TO | | NOT RELATED TO | THE TERMI | VAL DISEASE OF CON | DITIONS | IVEN IN PART LA | |
| 1 | CATION | Diabet | 801 | relli | tus, | Hup | WAS PERFORME | MS10 | 200 AUTOPS ? | 20b. IF Y | R TOS | IGS USED |
| 7 | MEDICAL CERTIFICATION | 21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d. IN JURY OCCURRED TO 1 contry that III Ut | JSE OF DEA EXAMINER) | P./ 21e PLACE C (AT HOME STR | m, month i m, | 85/1 | 211 LOCATION STREET d that in (my) (our) | 85 | VES NO CITY OR TO CITY OR TO CONTROL OF INDU | RY IN ITEM 18 | PART I OR PART 2) COUNTY | STATE that (I) (we) last |
| | 230 B | Karen URIAL, CREMATION, RE | R | hode | | . NAME OF C | 22e ADDRESS 150 L | Du | 23d LOCATION | | COUNTY | STATE |
| | | BURIAL | | 12/23 | 3/85 KI | ING ME | MORIAL | PARK | BALTIMOR | RE. I | MD. | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTEN

BP

TO SUINERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove co with the State Dept. of Health and Mental Hygiene prior to burial, cremation, WHAPORTANT: If them 21 is marked or them 18 shows any injury, or other trauma

LEROY O. DYETT 4600 LIB. HGHTS. AVE.

E.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

The Property College

S S CI THE TAKES OF

I. DECEASED NAME

Male

Maryland

TO BIRTHPLACE ISTATE OF FOREIGN

underlying couse

19n DATE OF OPERATION

CERTIFICATION

Charles

(TYPE OR PRINT)

3. SEX

poge 3 to burial, cremation, other prior burial-transit per Mental Hygiene 00 marked or

BALTIMORE, MARYLAND 21201-

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR - STATE REGISTRAR MIDDLE

Robert

76 CITIZEN OF WHAT COUNTRY?

White

U.S.A.

4 RACE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

December 3, 19

MARRIED NEVER MARRIED

Carroll

5. DATE OF BIRTH

| | REG. NO. | | | | | |
|----|--------------------------------|-----|------|--------|----------|--------|
| | 24 DATE OF DEATH MONTH | DAY | | YEAR | 26 HOL | IR |
| | December 2, 198 | 85 | | | | ٨ |
| | 6 AGE (IN YEARS LAST BIRTHDAY) | IF | UNDE | RIVEAR | IF UNDER | 24 HR5 |
| 00 | 84 YRS | MOI | NTH5 | DAYS | HOURS | MIN. |
| | 9 BALTIMORE CITY OR COUNT | ΥO | F DE | ATH | | |
| | Baltimore | Ci | Lty | , | | WE |
| | 12a USUAL OCCUPATION | | 12b. | KINDO | F BUSINI | SS OR |

| | 1 | | ED DIVOKCED | | _ ML |
|--|--|---|-------------------------------------|--|---|
| 10 CITY OR TOWN OF DEA Baltimore | (IF NOT IN SUC | HOSPITAL, NURSING HOME (CHEACILITY, GIVE STREET ADDRESS) Westerwald Av | | 12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Cable Splicer | 12b. KIND OF BUSINESS OR INDUSTRY Western Elect |
| T3a. STATE | ng home or other institution 136 COUNTY Balto.City | GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore | | 13e.STREET ADDRESS / ZIP CODE 3315 Westerwald A | venue 21218 |
| 14 FATHER'S NAME FIRST Lewis | Carroll | LAST | 15 MOTHER'S MAIDEN NA/ FIRST Elizal | | LAST |
| 160 WAS DECEASED EVER (YES, NO OR UNKNOWN) Yes | IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WW II | 166 SOCIAL SECURITY NO. 216 03 0286 | 17 INFORMANT Elizabeth E. | ADDRESS Carroll | Same |
| 18 CAUSE OF DEATH PART I. DEATH W. Conditions, if ony, gove rise to imm | DUE TO, O | TENMINA RAS A CONSEQUENCE OF | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| couse (o), stating | | DAS A CONSEQUENCE OF | | | |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

DUE TO, OR AS A CONSEQUENCE OF

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

206 IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [YES | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from

21f LOCATION CITY OR TOWN COUNTY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS

22c DATE SIGNED

Dr. Donato A. Vargas, Jr.

4706 Harford Road

Baltimore, Md.

| 23a | BURIAL, | CREMATION, | REMOVAL |
|-----|---------|------------|---------|
| В | uria | 1 | |

12/05/1985

23c NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery

DEGREE

Pikesville, Balto.Co., Md.

24 FUNERAL DIRECTOR

22b. SIGNATURE

DEC 4 108

Burgee-Henss Funeral Home, Baltimore, Md. 21211

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

FUNERAL DII

If Item

MPORTANT

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

FOR

STATE OF MAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REG. NO. | | |
|-----------|---|---|
| 3 5 5 5 5 | 4 | 1 |
| | | |

| - STATE REGISTRAR | | CERTIF | ICATE OF DEATH | B REG. NO | 5 3 | 5 4 4 |
|---|---|----------------------|-------------------------------|--------------------------------|--------------------------------------|---|
| 1. DECEASED NAME FIRST Baby | BOZ | Cars | kı Carski | 1 1 | 85 YE | AR 26 HOUR |
| 3. SEX Male | 1. RACE White | 5. DATE C MONTH | | 6 AGE (IN YEARS LAST BIRT) | | YEAR IF UNDER 24 HRS DAYS HOURS MIN. 3 45 |
| BIRTHPLACE (STATE OR FOREIGN COUNTRY) May Land | 76 CITIZEN OF WHAT C | OUNTRY? MARRIEI | - | 9. BALTIMORE CITY OR BULL | COUNTY OF DEAT | MD. |
| Baltimere | 11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY SINA I | GIVE STREET ADDRESS) | or other institution | 12ª USUAL OCCUPATIO | | ND OF BUSINESS OR |
| T30 STATE 131 COU | OR OTHER INSTITUTION, GIVE RESULT INTY 13t, CIT TOW | V OR TOWN | 13d INSIDERITY LIMITS? | 13e STREET ADDRESS / | ZIP CODE | Lune/2120 |
| 14 FATHER'S NAME FIRST Thomas | 1- | arski | 15. MOTHER'S MAIDEN NA PERST | MIDDLE | Mo | inger |
| 16a WAS DECEAȘED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G | SIVE WAR OR DATES) | N/A | Mr. Thomas | ADDRES Carski S | ame as 13 | e |
| 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA | ED BY. | rulionspir | aton arre | 22-22 | 32 | PROXIMATE INTERVAL MEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT | DUE TO, OR AS A C | | NOT RELATED TO THE TERA | MINAL DISEASE OR COND | ITION GIVEN IN PAI | RT Tro |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FO | OR WHICH OPERATION | N WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FIN CERTIFYING CAL | |
| OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE | EATH HOUR A.M. MC | ONTH DAY YEAR 19 RY | 21f. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | | |
| 22a I certify that (I) (this has saw the deceased alive a abave, (I) (we) (did) (did in | | 1 1981 00 | nd that in (my) (our) opinion | death accurred on the date | e and hour and from | , that (I) (we) last |
| 276 SIGNATURE | eret ad | am | | MEDICAL STAFF DIRECTOR PHYSICI | 1 | DATE SIGNED |
| 22d PHYSICIAN'S NAME WAR | et Ady. | | Sinai f | toptal' | Belved | ere & breezen |
| 230 BURIAL, CREMATION REMOVA (SPECIFY) Burial | 23b. DATE 12≈23≈85 | | tanislaus | Balte. | Ball | te. Md. |

DHMH - 16 50M 4/83

BP.

should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prin TO FUNERAL DIRECTOR: After this certificate has beretained by the haspital or attending physician.

IMPORTANT: If Hem 21 is marked or Hem. 18 sho

(VRA 15, 4)

24 FUNERAL DIRECTOR
Ruck Towson Funeral Home, Inc.

1050 York Rd.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AND LINE AND LINE

r. Then a Cra ue 'o sor lucrel or s, ng. 105 'or': c.

| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certal carrier are within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and continuely filled in by the funeral director, page Should be detached for use as the burial-transit permit. Then please remove carbon page, many one of should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed. | IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic ferral immediate mast be not the master and th |
|--|--|--|--|
|--|--|--|--|

BP.

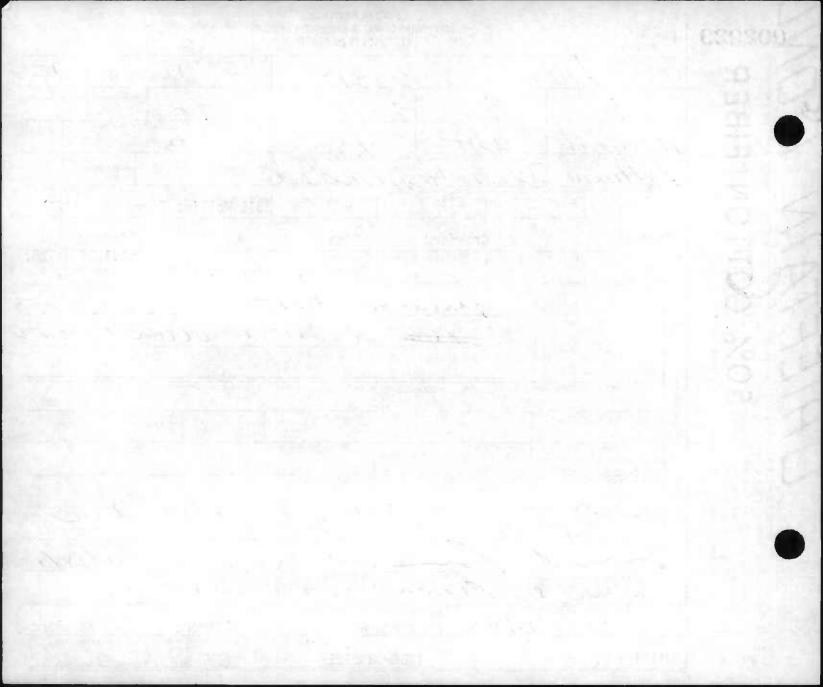
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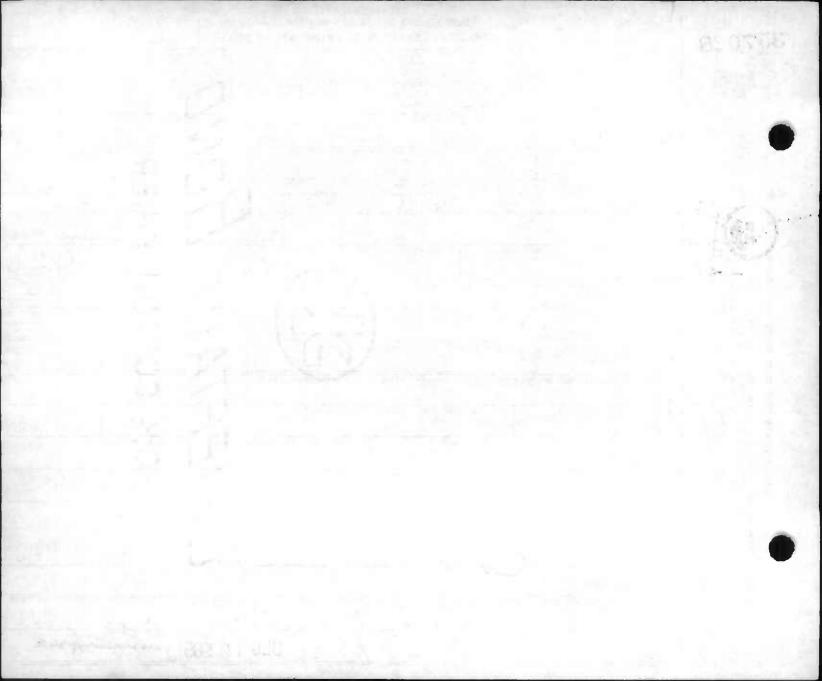
| STATE OF MARYLAND |
|---|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| CERTIFICATE OF DEATH |
| |

3 3 5 5 0

| | 1 - | STATE REGISTRAR | | CEI | RTIFICATE OF DEATH | REG. N | 0. | |
|---|---------------|--|---|--|--------------------------------------|-----------------------------|---|--|
| | | CEASED NAME OR PRINT) | 1/190 | MIDDLE | exter | 20. DATE OF DEATH | 12 24 8 | 26. HOUR CO |
| | 3 SE) | F | 4 RACE | 50 | ATE OF BIRTH | 6 AGE (IN YEARS LAST BIR | | EAR IF UNDER 1 HRS |
| 1 | 1 | Myland | 4. |)/T WID | RRIED DEVERMARRIED DOWNED DIVORCED | Cu | R COUNTY OF DEATH | MD. |
| 2 | 10.01 | REPOWN OF DEATH | Dea | HOSPITAL NURSING HO | ME ON OTHER INSTITUTION | Housewife sto | OP WORKING LIFE) 126 KIN | |
| 2 | Mas | Tyland 135 | OME OR OTHER INSTITUTION | 131. CONGRIOWN | 13d INSIDE CITY LIMITS? | 2516 HOTTir | is Ferry Rd | Maryland . 21230 |
| 1 | - | THER'S NAME eorge | MIDDLE | Crawford | Rosa FIRST | MIDDLE | Cliff | ord |
| | | VAS DECEASED EVER IN U. | S. ARMED FORCES? (ES. GIVE WAR OR DATES) | 166 SOCIAL SECURITY N | | arter Jr. 11 | Who. T | 205 Balto. e Md. |
| | | 18 CAUSE OF DEATH Ent PART I. DEATH WAS C | | line for 10), (b), and ic | NE FOO | 7- | BETW | ROXIMATE INTERVAL EEN ONSET AND DEATH |
| | ION | gave rise to immedia couse late and the underlying cause las | he DUE TO, O | R AS A CONSEQUENCE (| OF | RMINAL DISEASE OR CON | DITION GIVEN IN PAR | T Ito |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 19b. COND | ITION FOR WHICH OPER | ATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FIN IN CERTIFYING CAU YES | |
| | | 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (LIFEITHER NOTIFY MEDICAL EXA | OF DEATH HOUR A | PFINJURY M. MONTH DAY Y M. | 21c HOW INJURY OCCU | JRRED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I OR PART | 2) |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE (AT HOME, ST | OF INJURY REET FACTORY, OFFICE FARM, ET | 211 LOCATION STREET | CITY OR TO | WN COUNTY | STATE |
| | | 220.1 certify that (1) this saw the deceased ali- above, (1) (we) (did) (| x 00 11 | - 26 19 81 | , and that in (my) our) apinio | n death accurred on the de | | |
| | | 22b SIGNATURE | 1. | on | DEGREE ATTENDINGS PHYSICIAN | MEDICAL STAI | FF _ // | - 24/1- |
| | | 22d. PHYSICIAN'S NAME I | 5. 1 | Modern | | E. WIJ | T 57. | |
| | - (| Burial, CREMATION, REMO SPECIFY) | 12/31 | 1 | of cemetery or crematory ern Star | Baltimor | e county | Maryland |
| | | illiam C. Bro | own | ADDRESS 1200 | W. North 5-08 21217 | ATE REC'D. BY REGISTRAR | P. C. 100 | NATURE |



| ~ ~ | | 1. | tems 18-22a FOR STATE F#611 | | DEPARTMENT OF | | | | 3 3 | 05 |
|------------------|--|---------------|--|------------------------------|--|-------------------------|----------------------|--------------------------------|---------------------|--|
| 35 | 7038 | 1. DEC | REGISTRAR DEASED NAME FIRST | MEI | MIDDLE MIDDLE | ER'S CERTIF | ICATE OF | DEATH REG | NO. | DAY YEAR 726 HOL |
| | PLEASE CCTOR. FILES. HOURS STREET, | 3. SEX | Caroly (4. RACE | 5. DATE OF BIRTH | | Carte | | DEATH MATED | | 11/19 85 |
| Alle | NECESSARY, PLEASE UNERAL DIRECTOR. S-FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, | 70. BI | emole Wkz | DAY DAY | YEAR LAST BIRTHD | S. DATS | HOURS M | PRONOUNCED DEAD | 12/ | 11/9 85 A |
| | FUNER FUNER 5 FOR WITH | 10. CI | TY OR TOWN OF DEATH | U. S | PITAL, NURSING HOME | WIDOWED [| DIVORCED | | re City | N 126 KIND OF BUSINESS |
| | PAGE PAGE | | Baltimore L RESIDENCE (IF IN NURSING HOME O | 1820 G | cility, give street address) uilford Ave | ., Baseme | | FOR MOST OF WORKING LIFE) | | OR INDUSTRY |
| 21201 | 建設が | 13a S | ATE 136. COUNT | | CITY OR TOWN | YES VES | 4 NO [| 1870 Gu | Low | ¿ Are 2,2 |
| (1) | | 1 | THER'S NAME FIRST | MIDDLE | LAST | 7 | HER'S MAIDEN! | MIDDLE | Cu | n Ser |
| WITH THE | 靈/ | | (IF YES, GIVE V | AED FORCES? WAR OR DATES) | 16b. SOCIAL SECURIT | NO. IV. INFO | Z H Z | mhiam-/ | 8206 | ou le Sul |
| ON ST., I | 24 HOUR TEM 18 ONS WI PERMIT SIENE DI VAL. | | 18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT | BY: E CAUSE (o) | Intracere | | morrha | ge | 5. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
| , 201 W. PRESTON | CUTED WITHIN 24 HIS IN PENCIL IN ITE EXAMINER ALON TEXT (IN TEXT (| | Conditions, if any, which gave rise to immediate cause (o) storing the <u>underlying couse last.</u> | (b) | AS A CONSEQUENCE (| 1 | | | | |
| RECORDS | ULID BE EXECUTED "PENDING" IN PI FE MEDICAL EXAV SED AS A BURAL- FE HEALTH AND ME AL, CREMATION, (| NO | PART 2 OTHER SIGNIFICANT CONDITIONS O | CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERM | NAL DISEASE OR CONDIT | TION GIVEN IN PART 1 | lg. | 6 | |
| VITAL R | しロティ ちま / | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDIT | ION FOR WHICH OPER | ATION WAS PERFO | ORMED? | | | 20 AUTOPSY? YES V NO C |
| DIVISION OF V | | | 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | | MONTH DAY YEAR | 21¢ HOW INJU | RY OCCURRED (| ENTER NATURE OF INJURY IN ITEA | n 18 PART I OR PART | 43 |
| DIVISION | E. WRITING THE WARTING THE WARTING THE WARTING THE WARTING THE WARTING THE PAGE 3 SHOULD BY STATE DEPARTMENT OF 1201 PRIOR TO BY | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 2 TE PLACE C STREET, FACT | OF INJURY (AT HOME, ORY, FARM, ETC.) | 21f. LOCATION STREET | | CITY OR TOWN | COUN | NIY STATE |
| | L EXAMINER: E CERTIFICATE DULD BE FOR IL DIRECTOR: H, WITH THE S MARYLAND, | | 22a: I certify that I took charge death resulted from: Natur ACTUAL | e af the remains des | | TITLE | (SPECIFY) | . Inquiry | and in my apir | 10/11/05 |
| | MEDICAL E ECUTE THE GE 4 SHOU FUNERAL TER DEATH, AUTIMORE, M | | EXAMINER'S NAME GYE | eogry R. J | Kauffman, M | | 111 | Penn St. | SIGNED | |
| 07/B4 25M | Bb/461 | × | PLOT IN ! | 14/19/80 | Will a | METERY OR CHEMA | mal | Shilt- C | Paron C | in the |
| ZSM | DHMH - 17 (VR A15 ME (5)) | 14. FL | HAME CHEN | l (COMESS | 19/2 W. | Nak | DEC | | egistrar's sk | The second secon |



| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 21201 | TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate in a mountain within 24 hours after death. Page 4 may be retained by the haspital or offending physician. | TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the page of the filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If them 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examining must be natified of once. |
|--|---|---|--|
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FOR

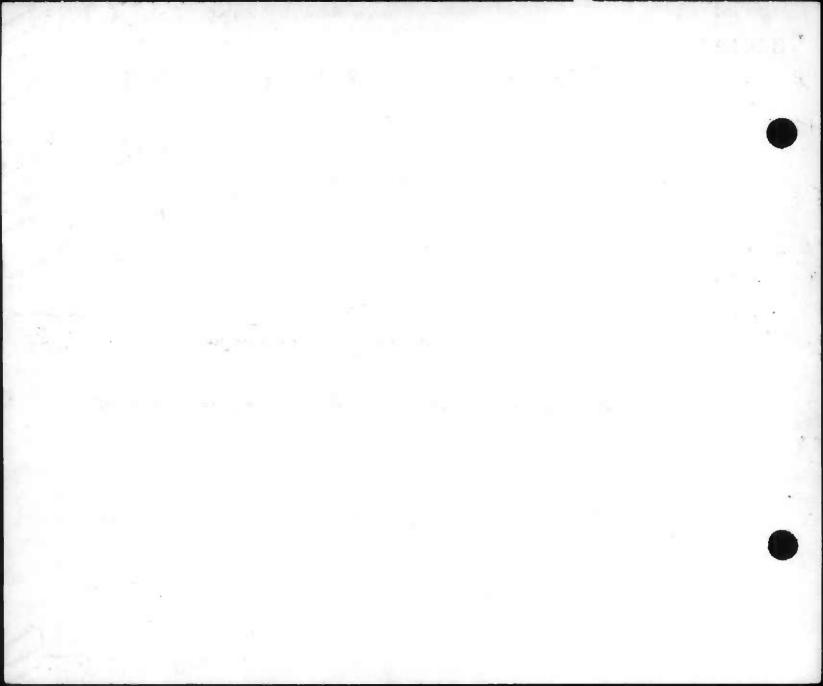
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 3 6 5

| ١. | STATE REGISTRAR | CERTIF | ICATE OF DEATH | REG. NO | |
|-----------------|---|--|-------------------------|-----------------------------|---|
| | EASED NAME PRINT) ARVI | N C | ARTER, Sr. | 20 DATE OF DEATH | DAY VEAR 26 HOUR COM |
| 3. SEX | Male I | Black 10 | | 6 AGE (IN YEARS LAST BIRTH | MONTHS DAYS HOURS MIN. |
| | S.C. | USA WIDOWI | | Datimore city on | City MD. |
| 10 51 | altimore 11. No | ME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, PURSING HOME OF HOME OF HOSPITAL O | or other institution | Retired | |
| USUA 13a. S1 | L RESIDENCE (IF MURSING HOME OR OTHER INSTALL 136 COUNTY | 13c, CITY OR TOWN | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS / | ZIP CODE 2/2/5 |
| 14. FA1 | THER'S NAME FIRST MIDDLE Thomas | Carter, Sr | 15. MOTHER'S MAIDEN NAI | WIDDLE | Chisholm |
| | AS DECEASED EVER IN U.S. ARMED FO ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR | | Julia Lucas | ADDRES 833 B | sellevery St. |
| | 18. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS | IRFN | 11A | | APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH |
| | Conditions, if ony, which gove rise to immediate | E TO, OR AS A CONSEQUENCE OF | Renal | For here | |
| NOI | PART 2 OTHER SIGNIFICANT CONDITI | ions contributing to DEATH BUT | not related to the term | Cardiac | arrest |
| CERTIFICATION | 19a DATE OF OPERATION 19b | CONDITION FOR WHICH OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? YES NO | 706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESNO |
| EDICAL CER | | TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19 | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INTURY | Y IN ITEM 18 PART I OR PART 21 |
| MEDI | | PLACE OF INJURY HOME STREET, FACTORY OFFICE FARM ETC.) | 21f LOCATION STREET | CITY OR TOW | VN COUNTY STATE |
| | 22a I certify that (1) (this hospital) atte sow the deceased alive an above, (1) (we) (did) (did not) view to | 2-7 19.85 . | | deoth occurred on the do | 7 19 8 1 that (1) (we) lost te and hour and from the causes stated |
| | 226 SIGNATI Oronfo | fees MC | THO CHAI | MEDICAL STAF | |
| | R. O. CROS | SLEY M.D | PRU VI Lew | + Hosp, 1 | Balto Mol |
| | URIAL, CREMATION, REMOVAL 236. D SPECEFYI 12 | 2/13/85 Church | Cem. | Chester, | South Carolina |
| 24 FU | Wm C March F/H We | ADDRESS | 25a. DAT | | 25b. REGISTRAR'S SIGNATURE |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

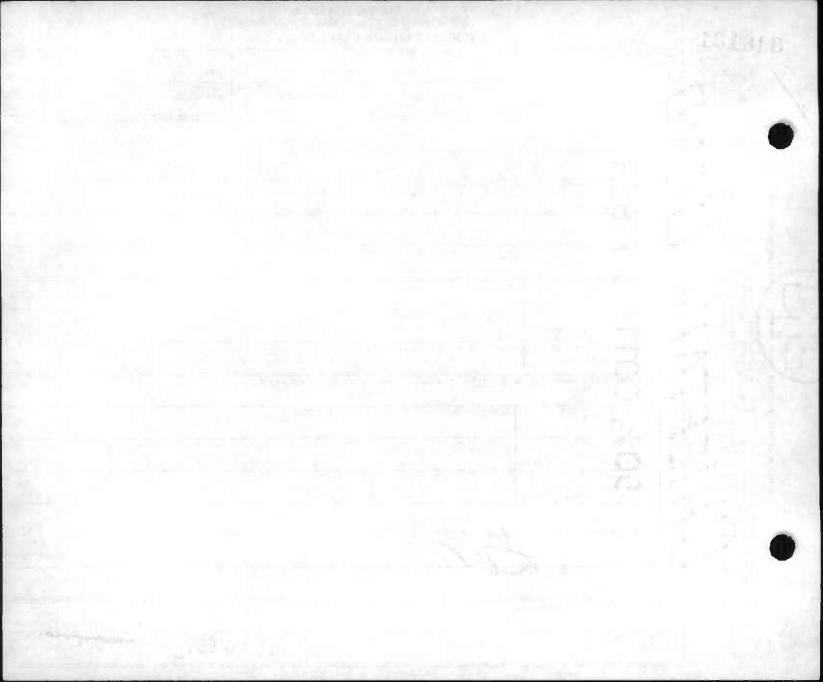


07/B4 25M

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

| | | 00.30 | | - 4 | |
|-------|-----|-------|---|-----|---|
| | 0 | 0 | 0 | .) | J |
| EG. N | NO. | | | | |

| | ECEASED NA | ME | FIRST | | WIDDLE | | LAST | 2a C | OF ESTI- | MON | TH DAY | YEAR |
|-----------------------|--|--|---|---|--|---|--|------------------------------|--|------------------------|----------------|-----------|
| 1,,, | THE OR PRINTS | T | imothy | | ٧. | C | arter | D | OF ESTI- | □ 12 | 2 5 | 19 85 |
| 3. SE | X | 4. RACE | 5. t | DATE OF BIRTH | 6. AC | E IN YEARS IF U | NDER 1 YR. IF UNDER | | DATE | MONT | | YEAR |
| Ma | le | Blac | | 3 3 | | YRS. | THS DAYS HOURS | | DEAD DEAD | 12 | 2 5 | 19 85 |
| 70.1 | OREIGN COUNTR | | .7b | CITIZEN OF W | HAT COUNTRY? | 11 | RIED NEVER MARR | ED X 9.8 | ALTIMORE CITY | OR COL | INTY OF D | EATH |
| 5 | Md. | | | (| JSA | | WED DIVORC | ED 🗆 B | altimor | | | |
| 10. 0 | CITY OR TOW | OF DEATH | 111. | | SPITAL, NURSING | | HER INSTITUTION | | OCCUPATION (1 | TYPE OF WOR | | ND OF BL |
| | Baltin | | | | Hopkins | | 1 | Une | mployed | | | |
| | JAL RESIDENO STATE | | NG HOME OF OT | HER INSTITUTION, G | 13c. CITY OR TO | OWN | 13d INSIDE CITY LIMITS? | 13e STREET | ADDRESS | | | |
| | M | | | | Balto | • | YES NO | 300: | 3 Harlen | n Ave | nue | 2121 |
| 14. F | ATHER'S NA/ FIRST | ΛE | MI | IDDLE | LAST | | 15. MOTHER'S MAIDE | NAME | MIDDLE | | L | LAST |
| | Willi | am | | | arter | | Margaret | | | | Hope | |
| 160. | WAS DECEAS YES, NO, OR UNK | NOWN) (| FYES, GIVE WAR | FORCES? OR DATES) | 166. SOCIAL S | ECURITY NO. | 17. INFORMANT | | ADDRE | | | |
| | no III. CAUSE | | | | e far (a), (b), and | | William C | arter | 3003 H | larle | | PROXIMATI |
| | gave cause | ians, if any rise to in a) stating th | y, which | (b) | R AS A CONSEQU | | | | | | | |
| NO | gave cause lying c | ians, if any rise to in a) stating th ause last. | y, which nmediate ne <u>under</u> - | (b) DUE TO, OR | R AS A CONSEQU | JENCE OF | SE OR CONDITION GIVEN IN PA | RT 1 raz | | | | |
| CATION | gave cause lying c | ians, if any rise to in a) stating th ause last. | y, which mediate ne under- | (b) OF DUE TO, OF DUE TO, OF (c) RIBUTING TO DEATH | R AS A CONSEQUE R AS A CONSEQUE BUT NOT RELATED TO | JENCE OF | SE OR CONDITION GIVEN IN PA VAS PERFORMED? | RT 1 raz | | | 20 A | UTOPSY |
| RTIFICATION | gave cause lying c | rise to in a) stating th ause last. SIGNIFICANT (| y, which mediate ne under- | DUE TO, OR (b) DUE TO, OR (c) RIBUTING TO GEATH | R AS A CONSEQU BUT NOT RELATED TO | THE TERMINAL DISEASE H OPERATION V | VAS PERFORMED? | | | | Y | UTOPSY' |
| L CERTIFICATION | gave couse lying c PART 2 OTHER 190. DATE C | rise to in a) stating the ause last. SIGNIFICANT COPERATION ALL CAUSE | y, which neediate under- | (b) DUE TO, OR (c) RIBUTING TO OFATH | R AS A CONSEQUE R AS A CONSEQUE BUT NOT RELATED TO ITION FOR WHICH FINJURY MONTH DAY | THE TERMINAL DISEASE H OPERATION V YEAR 21c. H | VAS PERFORMED? | D (ENTER NATUR | | 18 PART I OF | Y | |
| DICAL CERTIFICATION | gave couse lying of PART 2 OTHER 190. DATE of EXTER UNDERLYING CONTRIBU | sides, if any rise to a see the seed of th | y, which neediate under- | (b) DUE TO, OF (c) RIBUTING TO OFATH | R AS A CONSEQUENT NOT RELATED TO STREET TO THE STREET TO T | THE TERMINAL DISEASE H OPERATION V YEAR 19 85 SL | VAS PERFORMED? | D (ENTER NATUR | | 18 PART I OF | Y | |
| MEDICAL CERTIFICATION | PART 2 OTHER 190. DATE 0 210 EXTER UNDERLYIII 214 INJUR: | rise to in a) stating the ause last. SIGNIFICANT COPERATION ALL CAUSE | ownitions CONT | DUE TO, OR (b) DUE TO, OR (c) RIBUTING TO GEATH 19b. CONDI 21b. TIME O HOUR ANA 21c PLACE STREET, FACE | R AS A CONSEQUENT NOT RELATED TO STREET TO THE STREET TO T | THE TERMINAL DISEASE H OPERATION V YEAR 19 85 SL HOME, 21f. LC | VAS PERFORMED? | D (ENTERNATUR ed sel: | F OR TOWN | | Y | |
| MEDICAL CERTIFICATION | PART 2 OTHER 190. DATE OF THE PART 2 OTHER 210 EXTER UNDERLYING CONTRIBUTION OF THE PART 2 OTHER 21d INJURY WHILE AT WORK 220 I ce | ons, if any rise to in a) stating the ause last. SIGNIFICANT COPERATION OF OPERATION OPPORT OF OPERATION OPPORT OF OPERATION OPPORT | ONOTIONS CONT ON WAS USE OF DEA | DUE TO, OR (b) DUE TO, OR (c) 19b. CONDI 21b. TIME O HOUR AAA 21e PLACE STREET, FAC The remains de | R AS A CONSEQUENT OF INJURY MONTH DAY A. 12 5 OF INJURY (ATT) COOR, FARM, ETC.) | THE TERMINAL DISEASE H OPERATION V YEAR 19 85 St HOME. 21f. LC Md. Suicide X | VAS PERFORMED? IOW INJURY OCCURRE Abject hang DCATION SIREET Penitenti DSY M. Inspection | ed sel: ary, B: undetermin | f or town altimore | and in my | PART 2) | YES X |
| | PART 2 OTHER 190. DATE C 210 EXTER UNDERLYIN CONTRIBU 21d INJUR WHILE AT WORK 220 I ce death res | SIGNIFICANT COORDINATE OF OPERATION OPERATION OPERATION OPPORT OF OPERATION OPPORT OF OPERATION OPPORT OPPO | ON WAS USE OF DEA' DOOK charge of Natural co | DUE TO, OF (b) DUE TO, OF (c) RIBUTING TO DEATH 196. CONDI 216. TIME O HOUR SAN 216. PLACE STREET, FAC the remains de ouses CYV R. K | R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE | THE TERMINAL DISEASE H OPERATION V YEAR 19 85 St HOME, 21f. LC Md. Suicide X | VAS PERFORMED? NOW INJURY OCCURRE LOJECT hang CCATION STREET Penitenti OSY Momicide TITLE (SPECIFY) M.D. Assistant ADDRESS 111 | ed sel: ary, B: undetermin | FORTOWN altimore quiry ned manner EXAMINER St. | and in my], DA' | COUNTY apinian | Z/6/1 |



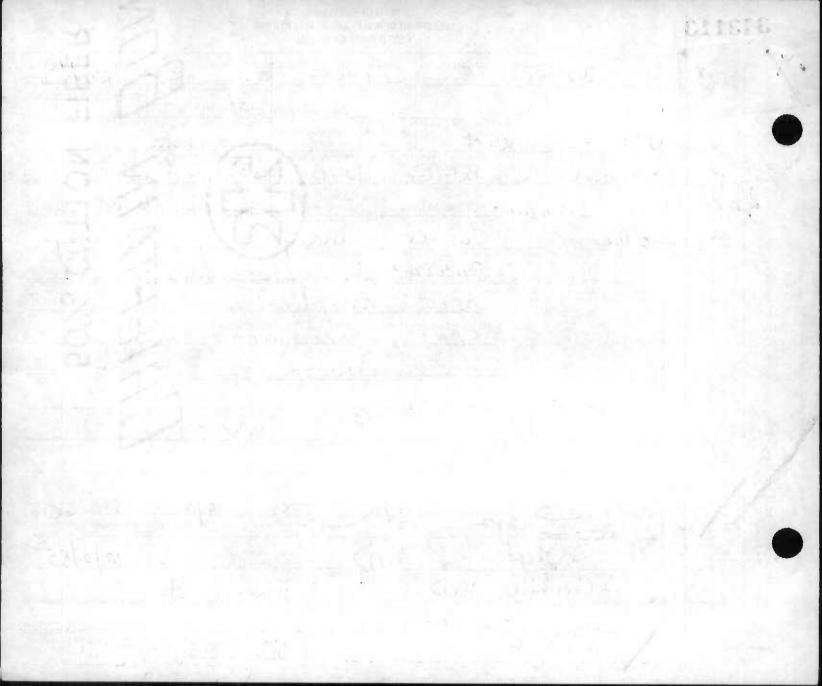
DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201

343113 1 - FOR STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | | RECISTRAR | | | | REG. NO. | | |
|----|---------------|--|------------------------------------|----------------------------|-----------------------|-------------------------------|---|---------------------|
| y | | CEASED NAME OR PRINT) | VALTER EARL | CARTER | | E OF DEATH MONTH | 2 - 1985 1 HC | O A-M |
| | 3. SEX | (| 4. RACE | 5 DATE OF BIRTH | 6. AGE | (IN YEARS LAST BIRTHDAY) | | ER 24 HRS |
| | | MALE | WHITE | OCTOBER 17 | 24 6 | YRS. | MONTHS DAYS I HOURS | MIN. |
| | 7a. BIF | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNT | TRY? 8. | 9. BALTI | MORE CITY OR COUNT | Y OF DEATH | |
| 2 | NO | RTH CAROLINA | USA | MARRIED NEVER M | | TIMORE CITY | | MD. |
| - | 10.55 | TY OR TOWN OF DEATH | | URSING HOME OR OTHER INST | ITUTION 12a USL | DOPE HOR MOST OF WORTING L | 126 KIND OF BUSII | NESS OR |
| 4 | 6 | dettimore/ | South But. | Gen. Wor | | TIFICATIONO | | ND STAT |
| 1 | 13a S | AL RESIDENCE (IF NURSING HOUTE OF | | | TY LIMITS? 13. STRE | ET ADDRESS / ZIP COD | F 0 | |
| 3 | MA | | ARUNDEU GLEN | BURNIE YES | | 6 Fleagi | | 061 |
| | 14 FA | THER'S NAME | MIDDLE A LAST | 15. MOTHER'S | MAIDEN NAME | WIDDLE | 145 | |
| 0 | 22 | -ollie | Car. | ter m | ary | 7110012 | (UNKNOWN | 1) |
| J | | VAS DECEASED EVER IN U.S. AR | VE WAD OR OATES) | SECURITY NO. 17 INFORMAL | VI | ADDRESS | | J |
| 21 | , | | W. II 94130 | 2263 MRS. M | ARY L. CART | ER (WIFE) | SAME AS # 1 | 3 |
| 7 | | 18 CAUSE OF DEATH (Enter or | nly one couse per line for (a), (b | or, and ici | | - | BETWEEN ONSET AP | TERVAL ND DEATH |
| | - 13 | PART I. DEATH WAS CAUSE IMMEDIA | TE CAUSE (a) | ar res | rerales | un tal | luc | |
| d | | | DUE TO, OR AS A CONSI | EQUENCE OF_ | | / | | |
| | | Conditions, if ony, which | (b) S/P | (F) Dn | lumo- | neelor | | |
| | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSI | FOLIENCE OF | | | A design of the second of the | |
| | | underlying couse lost. | (6) | aneno | une 17 | (C) R | 7 | |
| | | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED | TO THE TERMINAL DIS | ASE OR CONDITION G | VEN IN PART NO | 777 |
| | 0 | <th>gasho</th> <th>don</th> <th></th> <th></th> <th>3</th> <th></th> | gasho | don | | | 3 | |
| V | CAT | 190 DATE OF OPERATION | 196 CONDITION FOR WI | HICH OPERATION WAS PERFO | RMED 200 A | | S, WERE FINDINGS US | |
| П | CERTIFICATION | | | V | YES [| _ / _ | IFYING CAUSES OF DE. | |
| | CER | 210. ACCIDENT WAS UNDERLYING | | 21c. HOW IN | JURY OCCURRED (ENT | R NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) | |
| Ĥ | 10.75/21 | OR CONTRIBUTING CAUSE OF DE. | | DAY YEAR | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 21f LOCATIO | N | | COUNTY | |
| | × | NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OF | FFICE, FARM ETC) STREET | | CITY OR TOWN | COUNTY | STATE |
| | - 1 | 22a certify that the this hosp | ottended the deceased fr | rom 11 100 | 10 55 to | 12/2 | 19 85 thore | we last |
| ú | | saw the deceased alive on | 1212 | | our opinion death occ | urred on the date and ho | | |
| 1 | | 775 SIGNATURE | iew the body ofter death. | DEGREE | <u> </u> | | 22c. DATE SIGNE | D |
| | | 0.1 | Likhu | man A | TTENDING _ MEDIC | | 12/2/8 | 35 |
| - | | 22d PHYSICIAN'S NAME TITLE | # mid | Tie ADDRES | PHYSICIAN DIRECT | OR PHYSICIAN | 110/2/0 | <u></u> |
| b | | J. Con- | TIM COLL | 3001 | 4 57 | 10-04 | | |
| - | 00.0 | | 1110 | | | | | |
| | | SURIAL, CREMATION, REMOVAL | DECEMBER 6, | 23c. NAME OF CEMETERY OR C | | OCATION CITY OR TOWN | COUNTY | STATE |
| | 24 51 | BURIAL | 1985 | SPRINGS U/M CH | | | REENVILLE, V | IRGINIA |
| | | INAME | valle ADOR | | 25a. DATE REC'D. | 5 1005 | KAKA SIGNATURES | To an artist of the |
| | BR | ANCH FUNERAL HO | ME, ROANOKE RA | APIDS, N. C. | DLO | 0 1300 | apple and the second | 4 |

DHMH - 16 60M 7/84 (VRA 15, 4)



| | deoth. Page | uneral directa |
|--|--|---|
| IND 21201 | 24 hours often | filled in by the fould be filled with |
| IMORE, MARYLA | e executed within | Fogm and 2 if |
| STON ST., BALTI | oth certificate b | Territory physicis |
| RDS, 201 W. PRE | adnim P | Then please remo |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | DING PHYSICIAN: The law requires the Thirty of the certificate the executed within 24 hours when death. Page or affending physician. | After this certificate has been signing by the fundamental physical and completely think in by the funeral directs in a brind by the funeral directs in as the buriol-transit permit. Then extend a mover and a property of the buriol-transit because within 72 hours of |
| DIVISE | OING Pr | After the |

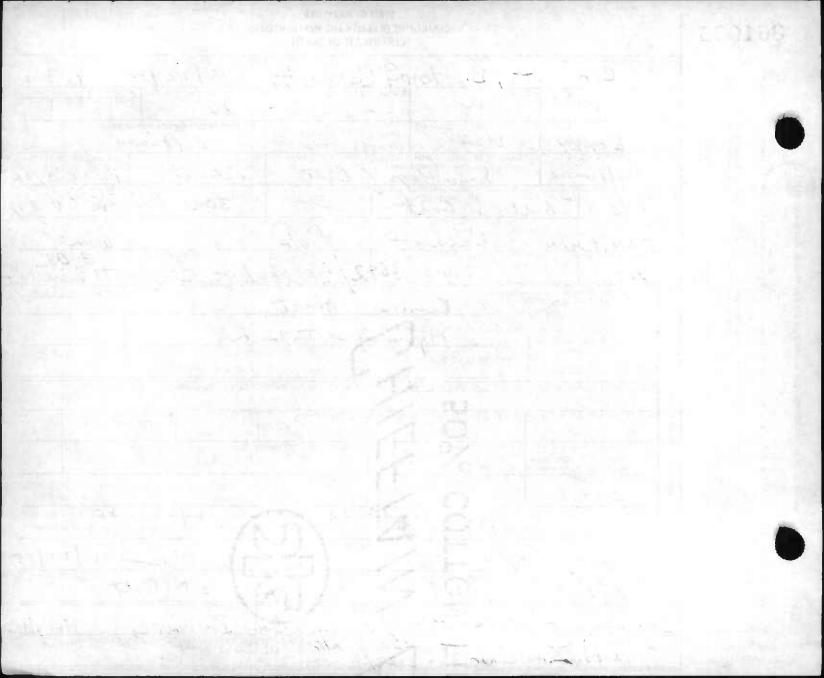
| 3616 | 1.8 | 1- | FOR STATE REGISTRAR Ronald | Earl Cave | | ENT OF H | OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH | IENE 8 | S REG. NO. | 3 3 | 0 5 3 |
|--|---------------------------|------------|--|----------------------------|---|--------------|--|-------------|--|---|--|
| deer the second | | 1. DEG | CEASED NAME FIRST POLICE | MIDD | LE | | NE NE | 20 DATE O | F DEATH MO | | 26 HOUR P |
| ge 4 appector, po | | 3. SE | ale | 4 RACE White | | S. DATE O | F BIRTH - 4, 1921 EAR | 6 AGE (IN | YEARS LAST BIRTHD | MONTHS YRS | YEAR IF UNDER 24 HRS DAYS HOURS MIN. |
| deoth. Pa | ot once. | W | RTHPLACE (STATE OR FOREIGN OUNTRY) Sest Virginia | 76 CITIZEN OF WH. | | WIDOWE | | Ba | altimor | | MD. |
| 201 multer by the f | o died | B | AUN OF DEATH | FERNOT IN SUCH FA | SUNT | DDRESS) | ROTHER INSTITUTION 7 MED CENTRE | | OCCUPATION REFORMOST OF WI Cator | | nd of Business or stry al Products |
| AND 213 | 36 | 13a. S | AL RESIDENCE (IF NURSING HOME O STATE 136 COU STATE 136 COU | NTY 1136 | CITY OR TOWN | 1 1 | YES NO | 919 | ADDRESS / ZI | P CODE | 21205 |
| MARY mpletel ond 2) | 300 | | THER'S NAME FIRST Leo Cav | _ | LAST | | | Foy | WIDDLE | | LAST |
| TIMORE the execu- | e medica | | VAS DECEASED EVER IN U.S. AI | VE WAR OR DATES) | 34 26 50 | | Ronald Cave, | Son | | ang St. ore, Md. | 21224 |
| RDS, 201 W. PRESTON Gequie on significant the particular program by the particular free particular surface for the particular partic | njury, or affer traumatic | NOI | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS | S A CONSEQUE S A CONSEQUE RIBUTING TO D | NCE OF | NOT RELATED TO THE TERM | | | ION GIVEN IN PA | RT lio |
| oc | hows any | CERTIFICAT | 190 DATE OF OPERATION | | | OPERATION | WAS PERFORMED | 20a AUTO | NON | Ob. IF YES, WERE F N CERTIFYING CA YES [] | USES OF DEATH? |
| ON OF VII 14YSICIAN: ding physics is certificat buriol-from | and Mental Hys | MEDICAL CE | 218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE WHILE AT WORK AT WORK | R) P.M. 21e. PLACE OF I | MONTH DA | Y YEAR 19 | 211. HOW INJURY OCCURR 211. LOCATION STREET | ED (ENTERN) | ATURE OF INJURY IN | COUN | |
| OR ATTENDIO Pospital or DIRECTOR: A | ofe Dept. of Health | 4 | 276. I certify that to this hosp saw the deceased one or obove, (triwe) (did) (did) 276. SIGNA (VE | view the body often | EZ 198 | | | MEDICAL | STAFF | 220.0 | n the couses stated DATE SIGNED |
| TO HOSPITAL (retained by the TO FUNERAL Is should be deto | MPORTAL | | 22d PHYSICIAN'S NAME (TYPE) | SZAVI | | 10 | | | | - Rau | 3 Md 212 |
| BP | _ | | SURIAL, CREMATION, REMOVAL | 12/26/8 | | | Memorial Par | | ltimore | | STATE |
| DHMH - 16 60 (VRA 15, | | X | Edelis Runer | al Mome Ph | 1407 0 | Id Ea | stern Ave | OEC Z | 4 185 | REGISTRAR'S SIC | NATURE |

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| and the same of th | Windley's | # 970 A715 # 5 8 | Leaves Marine al | 1 |

PRESTON

DIVISION OF VITAL RECORDS.

(VRA 15, 4)



| _ | | FOR |
|---|---|-----------|
| 1 | - | STATE |
| | | REGISTRAR |

STATE OF MARYLAND

| 1. | FOR STATE REGISTRAR | | | | | EALTH AND MENTAL HYG | IENE REG. N | 0. | 0 0 | |
|---------------|---|----------------------------------|--|--|-------------------------|--|----------------------------|----------------|-------------|-----------------|
| | CEASED NAME E OR PRINT) | ROME | | - CER | mak | AST | 2a DATE OF DEATH | MONTH DA | 85 | 26 HOUR 6 15 AM |
| 3 SE | M | OLE, | RACE | | 5. DATE C MONTH | | 6. AGE (IN YEARS LAST BIR | YRS. | UNDER TYEAR | HOURS MIN. |
| Ва | IRTHPLACE (STATE OR F COUNTRY) 1 1 to . Md . ITY OR TOWN OF DEA | | U.S | | WIDOWE | | Baltimore city of | ore Ci | ty | MD. |
| | Baltimore | e,Md. | Uni | versity | Hos | pital | Pharmaci | | | Employe |
| 130 | AL RESIDENCE (IF NURS STATE Md. | Balto | | 13c. CITY OR TOWN Balto. | | 13d. INSIDE CITY LIMITS? YES 🙀 NO 🗌 | 13e STREET ADDRESS 6225 Yo | | Apt.1 | 21212 1413 |
| 14 F/ | ATHER'S NAME FIRST | 'ermak | | LAST | | 15 MOTHER'S MAIDEN NAME FIRS Agne | s Neuman | | ŁAST | |
| - (| WAS DECEASED EVER YES, NO OR UNKNOWN) NO | IN U.S. ARMEI | D FORCES? | 166 SOCIAL SECUR 220-03-6 | | Eleanor A. | Cermak-6 | | | |
| | Conditions, if ony, gave rise to immacause (o), stotin underlying cause | Which mediate g the | Y: AUSE (a) DUE TO, OR (b) | CARDI RAS ACONSEOUEN RAS A CONSEOUEN | ICE OF | | 1212655 | | 1-1 | IN-PS |
| CERTIFICATION | | | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | | NOT RELATED TO THE TERM | INAL DISEASE OR CON | 20b. IF YES, V | WERE FINDIN | GS USED | |
| - | 21a. ACCIDENT WAS UND OR CONTRIBUTING C | AUSE OF DEATH | 21b. TIME OF HOUR A.A | M. MONTH DAY | YEAR | 21c HOW INJURY OCCURR | | | | |
| MEDICAL | 21d INJURY OCCURE | IILE [7] | | | 211 LOCATION STREET | CITY OR TO | wn | COUNTY | STATE | |
| | 220.1 certify that (I) sow the decease abave, (I) (we) (c) 22b. SIGNATURE | ed alive an did) (did nat) vi | 12/3. | after death. | | , 19 | MEDICAL STAI | ate and haur a | | IGNED |

should be detached for use as the burial-transit permit. Then please "mist with the State Dept. of Health and Mental Hygiene prior to burial, cremity the State Dept. of Health and Mental Hygiene prior to burial, cremity PATANT: If them 21 is marked or Item 18 shows any injury, at other the TO FUNERAL DIRECTOR: After this certificate has been 230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

1-2-86 74 FUNERAL DIRECTOR Miller Inc-641 Bess Belair Rd.

23d LOCATION

Dulaney Valley Cem. Cockeysvill

Dess Belair Rd. | 1250 DATE RECT. BY REGISSALY 255 RECKTRA

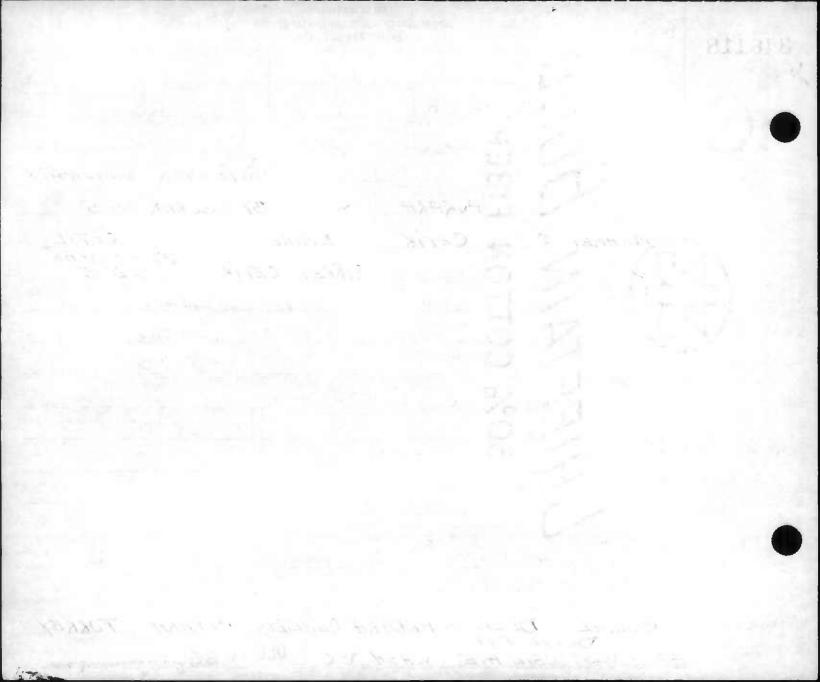
22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

UNIU MD



| | 1 | • | | STATE OF MARYLAND | | |
|---|---------------|--|--|--------------------------------------|--------------------------------------|--|
| | 1. | FOR STATE | | OF HEALTH AND MENTAL HY | GIENE 3 5 | 5 5 5 5 6 |
| 346118 | | REGISTRAR | CEI | RTIFICATE OF DEATH | REG. NO. | |
| OTCLEO | | CEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| be be | (177) | Kiza | NMT | CetiK | 12 | 9 85 12140 PM |
| you god | 3 SE | | | ATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 4 | 200 | Male | Turkish | MONTH DAY YEAR S | 63 YR | MONTHS DAYS HOURS MIN. |
| S STEEL STEEL | 76 8 | | CITIZEN OF WHAT COUNTRY? 8. | | 9 BALTIMORE CITY OR COUN | |
| f 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 | WCKPC | | ARRIED NEVER MARRIED DOWNED DIVORCED | Rultima | rp / the |
| | if.c | ITY OR TOWN OF DEATH 11 | NAME OF HOSPITAL, NURSING HO | ME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| - 5 50 80 N | 1 / | Saltimore | LIF NOT IN SUCH FACILITY GIVE STREET ADDRES | Manuland L | OF WORK FOR MOST OF WORKIN | UNIVERSITY |
| 120 ours | JSU. | AL RESIDENCE (IF NURSING HOME OR OF | STITUTION GIVE RESIDENCE BEFORE ADMIS | SION) | 110123301 | (111111) |
| 40 24 h | - | STATE 136 COUNTY | ANKARA | YES NO T | 13e STREET ADDRESS / ZIP CO | 262777 |
| TAT 15 14 14 | - | THER'S NAW | MAKAKA | 15. MOTHER'S MAIDEN NA | 37 SasaKAK | 20-3 |
| SALTIMORE, MARYLAND core be executed within 24 spicion and compititify full opers. Pages wol. it, the medical partition. | D. | FIRST | DLE LAST | FIRST | MIDDLE | LAST . |
| K of the state of | VIAn A | VAS DECEASED EVER IN U.S. ARME | D FORCES? 166 SOCIAL SECURITY I | EMINE NO. 17 INFORMANT | ADDRESS | CELIL |
| ond oges | | YES, NO OR UNKNOWN) (IF YES GIVE W | | | 37 | SOSOKAK |
| be be m | - | | 1070-0140 | SIKKET | CETIK | 25-5 |
| BA icote boope ovoll nt, th | | 18 CAUSE OF DEATH (Enter only of PART 1, DEATH WAS CAUSED 8 | one couse per line for to I, (b), and ic | 121 T. 1 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ST. | | IMMEDIATE C | AUSE (a) SSEMIN | areg Irkh | sporon intart | 100 3-4 W |
| orth condition of motific | | | DUE TO, OR AS A CONSEQUENCE | OF 1 1 0 C | Al- 1 moto | Tun 10 000 |
| dec | | Conditions, if any, which gave rise to immediate | 10) ACVER NOT | 1- Jumphoco | MIC TOTALINO | Ma 10 Mios |
| N. P. | | couse (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUENCE | OF / | 1 6 V. OM | C |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death certit a rate duling physicion. Viter this certificate has been signed by the ottending pass the buriol-transit permit. Then please remove carbon that and Mental Hygiene prior to buriol. Cremation, or remorked at them 18 the say injury, or other traumatic. | | | (c) | | Luren | 9 |
| S, 2 uires uigne en p o bury. | z | PART 2. OTHER SIGNIFICANT COM | NDITIONS CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION | GIVEN IN PART Ira |
| ORD red | E E | KIONG E | allune, L | -1VEV 1-0 | y jure. | MEC AMERICAN AND AND AND AND AND AND AND AND AND A |
| low low so be ermine e printer | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPER | ATION WAS PERFORMED | | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? |
| TAL The cion te ho gien | F | | | 12 | YES NO | YES NO |
| JE VIII JAN: physi nifical J-tran ol Hy n 18 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21b. TIME OF INJURY HOUR A.M. MONTH DAY Y | EAR TEAR | RRED (ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART ?) |
| SICL) | S | (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | |
| PHY ending this down | MEDICAL | 21d. INJURY OCCURRED | 216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ET | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| NG NG where the orke | | AT WORK NOT WHILE AT WORK | | | | |
| NO I OF OF SERVICE OF | | 220.1 certify that (I) (this hospital) | | | , to | . 19, that (1) (we) lost |
| CTO CTO A for n 21 | | saw the deceased alive an above, (l) (we) (did) (did not) v | iew the body after death. | _, and that in (my) (our) opinion | death occurred on the date and | hour and from the causes stated |
| ho ho he he he he he he he | | 226 SIGNATURE | 2 0 10 | DEGREE | MEDICAL STAFF | 221. DATE SIGNED |
| 3, 3, 5, 5, | 1 | (Lano 1 |) sacla | PHYSICIAN | | 101.97.00 |
| 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 22d PHYSICIAN'S NAME TYPE OF | (NI) | 22e ADDRESS 22 | 1,5 Greene | 54 |
| A S S S S S S S S S S S S S S S S S S S | | Clare L | 14916 | B | HIMORP, N | 10 21201 |
| CAMBON | 23a | BURIAL, CREMATION, REMOVAL | 236 DATE C NAME | OF CEMETERY OR CREMATORY | 23d. LOCATION | COUNTY STATE |
| 4 4 9BP 74 | | BURIAL | DEC16, 85 ANK | ARA CENETE | RX ANKARA | TURKEY |
| DHMH - 16 80M 7/84 | 24 F | JNERAL DIRECTOR EVOL | F.H. ADDRESS | | TE REC'D. BY REGISTRAR 256. REC | ISTRAR'S SIGNATURE |
| (VRA 15, 4) | 2 | 222 WISCONS | | SH. D.C. U | EC 1 0 1985 | - Maria Carlos - Missay 2 a mar |



OR ATTENDING PHYSICIAN: The law

retained by the hospital or attending physician

coted within 24 hours after trenth. Proceedings of completely filled in by the funeral director, page 3 is 1 and 2 should be filled within 72 hours after dearly collectenings benefited a garden.

STATE OF MARYLAND FOR STATE

| DEPARTMENT | OF | HEALTH | AND | MENTAL | HYGIENE | |
|------------|-----|--------|-----|--------|---------|--|
| CF | RTI | FICATE | OF | DEATH | | |

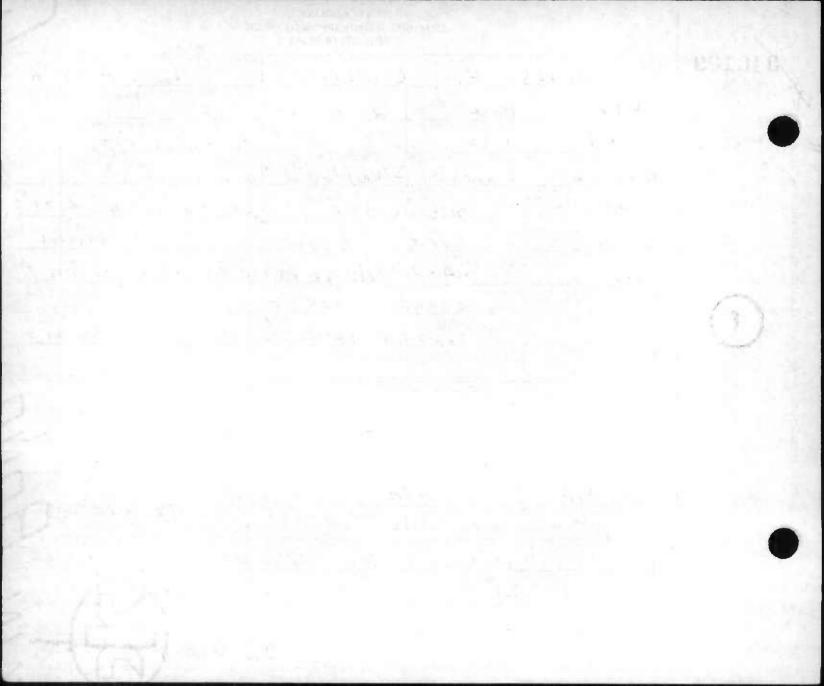
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| ı | | REGISTRAR | | CERTIF | ICATE OF DEAT | H | REG. N | Ю. | | |
|---|----------------|--|---|---------------------|------------------------|--------------|-------------------------|--------------------------|--------------------------------|----------------------------------|
| ľ | | EASED NAME FIRST | WIDDLE | l | AST | 1 | DATE OF DEATH | MONTH | DAY YEAR | 2b. HOUR |
| ı | (TYPE (| JAME | S H. | CHA | MBFRS | | | 12 - | 7 85 | 73 AM |
| ŀ | 3. SEX | | 4 RACE | 5. DATE C | | 6 | AGE (IN YEARS LAST BI | | IF UNDER TYEAR | IF UNDER 24 HRS |
| | | Male | black | MONTH | 10 | 29 | 56 | YRS | MONTHS DAYS | HOURS MIN. |
| 1 | | OUNTRY) | 76. CITIZEN OF WHAT COU | NTRY? 8. MARRIE | NEVER MARK | NED X | BALTIMORE CITY | DR COUNTY | OFDEATH | |
| ı | | Md | U.SA | WIDOWE | | CED 🗌 | Baltin | ore | CITY | MD. |
| T | 10 CIT | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE | | R OTHER INSTITUT | | 20. USUAL OCCUPAT | | | OF BUSINESS OR |
| I | B | attimore | Francis S | Scott K. | ell Medic | / | unemala | 4.04 | | |
| 4 | USUA 13a. S | L RESIDENCE (IF NURSING HOME OR TATE 13b COUN | | E BEFORE ADMISSION) | 13d INSIDE CITY L | IAAITS2 | 3 STREET ADDRESS | / 7IP CODE | | |
| 4 | 134. 5 | Md | Bald | mace | YES NO | em (| - 11 | ssen | Aure | 2/2/5 |
| t | 14. FA | THER'S NAME | | | 15. MOTHER'S MA | IDEN NAME | | | | |
| | 4 | farvey | MIDDLE Bas | nk | Maga | ie, | WIDDIE | | Chan | rbers |
| † | | AS DECEASED EVER IN U.S. AR | | L SECURITY NO. | 17. INFORMANT | 0 | ADDR | ESS | | |
| | (4) | ES, NO OR UNKNOWN) (IF YES, GIV | WAR OR DATES) 2/4 | - 26-4797 | Maggie | Park- | er 900 w | . Lexi | | Street |
| I | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | ly one cause per line for (a), | (b), and (c) | | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| Į | | | TE CAUSE (0) CA | 2DIAC | ARRI | EST | | | | min. |
| I | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | 100-0 |
| 1 | | Conditions, if any, which (b) CARPIOMYODATHY | | | | | | | | 1 ears |
| ı | Н | gove rise to immediate cause (a), stating the | DUE TO, OR AS A CON | SEQUENCE OF | | | | | | |
| 1 | | underlying couse lost | (c) | | | | | | | |
| 1 | | PART 2 OTHER SIGNIFICANT | | IG TO DEATH BUT | NOT RELATED TO | THE TERMIN | AL DISEASE OR CON | DITION GIV | EN IN PART TH | 0 |
| | 2 | | WE | | | | | | | |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR V | WHICH OPERATIO | N WAS PERFORME | D | 20a AUTOPSY? | 20b. IF YES IN CERTIF | S, WERE FINDIN FYING CAUSES | NGS USED OF DEATH? |
| | TIE | 114 | | 11 | + | | YES NO | | S 🗌 | NO DE |
| | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF BE | 11 HOUR A.M. MON | H BAR YEAR | 21c HOW INJURY | OCCURRE | D. CENTER NATURE OF INH | JRY IN ITEM 18 P | PART I OR PART 2) | |
| | CAL | (IF EITHER, NOTIFY MEDICAL EXAMINER | P.M. | 19 | 1 | r | 14 | | 10 | |
| 1 | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, C | OFFICE FARMAGE | 211 LOCATION STREET | | 1 A CITY OR TO | NWC | COUNTY | STATE |
| 1 | - | AT WORK AT WORK | | NIM | | N | 10+ | 1- | 0 | |
| ı | | 220 I certify that (1) this hospi | 1. 11. | 1 6 | | 9 15 | , to | 17 | | tho (R Ove) lost |
| ı | | | ot) view the body ofter death. | | |) opinion de | oth occurred on the c | late and hou | | |
| 1 | | 226. SIGNATUR | // | | DEGREE | NDING | MEDICAL STA | EE 3 | 22c. DATE | 1 1.1 |
| | | | lace | / | PHYS | ICIAN | DIRECTOR PHYSI | CIAN | 10/ | 17/87 |
| ı | | 274 PHYSICIAN'S NAME (TYPE C | OR PRINT) | | 22e. ADDRESS | - | 1 1 | | | / |
| Ц | | STUMLT | KAIL | | 14940 | kaj | Hern It | renv | 1 21 | 229 |
| | | URIAL, CREMATION, REMOVAL | | 23c. NAME OF C | EMETERY OR CREA | AATORY | 23d LOCATION | | COUNTY | STATE |
| | | Burial | 12/12/85 | Eastvie | w Memoria | al Par | k Baltimo | | | Md |
| | | INERAL DIRECTOR | AD | ORESS | | 25a. DATE I | REC'D BY REGISTRAL | | PAR'S SIGNAT | Pandalle |
| ı | Wi | illiam C. March | F/H West 430 | 00 Wabash | Avenue | DE | U - U 1306 | 10 | al. | |

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr



002033 poge 3

filled in by the funeral director. ould be filed within 72 hours after

offending

TO FUNERAL DIRECTOR, after this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove corbained the State Dept, of Health and Mental Hygiene prior to burial, cremation, as it IMPORTANT: If them 21 is marked or Item 18 shows any injury, as other traumatic

must be notified of ence.

moy be

ofter

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

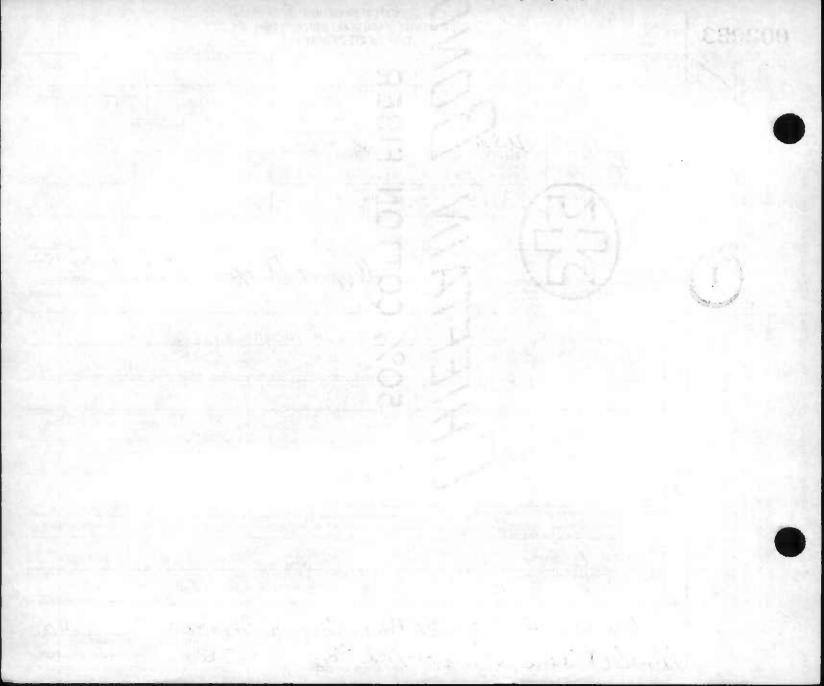
| | CEASED NAME FIRST | | MIDDLE | | AST A CC | 20 DATE OF DEATI | HINOM | DAY | YEAR | 26 HOUR |
|-----------------------|--|--|--|---|--|--|--|---------------------------------|------------------------------------|---|
| | VIOLT | 7 | PX. | (| HASE | | 12 | 19 | 85 | 12 47 PM |
| 3 SE | (| 4 RACE | | 5. DATE O | | 6 AGE (IN YEARS LAS | T BIRTHDAY) | MONTH | DER I YEAR | IF UNDER 24 HRS |
| | 7 | | В | 2 | 7 96 | 7 | YRS | | | |
| | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. MARRIEI | NEVER MARRIED | 9 BALTIMORE CIT | _ | | | |
| | Maylund. | US. | A | WIDOWE | | BHLTI | noce | CITY | /- | M |
| | TY OR TOWN OF DEATH | | HOSPITAL, NURSIN | ADDRESS) | R OTHER INSTITUTION | 12a USUAL OCCUP | | | L KIND C | F BUSINESS OR |
| ber | titimage city | DEATON | medicar | - 6-61 | will | net know | | | | |
| 3a. S | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRE | SS / ZIP COI | DE a | | |
| | M) BA | LT CITY | BALT | CITY | YES NO | 811 CHA | INCEY | Ave | 2 | 21217 |
| . F.A | THER'S NAME | WIDDLE | LAST | 470 | 15 MOTHER'S MAIDEN NA | ME | E | | LAS | I |
| | George | 4 1911 | SPEA | ics. | SUSAN | | | | | TLER |
| | VAS DECEASED EVER IN U.S. AF | MED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT 7 |) / AD | DRESS Rt | . 23 | 31 1 | Box 152 |
| V | NKNOWN | | 578-44-6 | 0503 | Margaret L | ouglass | Hust | esvi | 16 s | Ud. |
| | 18 CAUSE OF DEATH IEnter of | nly one couse per | line for (a), (b), and | dicii | | 0 | | | BETWEEN | MATE INTERVAL |
| | PART I. DEATH WAS CAUSE | ED BY: TE CAUSE (a) | CARDIOPVE | LMONA | MRY ARREST | | | | | |
| | | | | | | | | | | |
| A | | | | | | | | | | |
| A | | | R AS A CONSEQUE | NCE OF | | (11100) | | | | |
| A | Conditions, if ony, which | | RAS A CONSEQUE ASPIRAT | NCE OF | Melyonia (PR | esuned) | | | | |
| A | gove rise to immediate cause (a), stating the | DUE TO, O | RAS.A CONSEQUE | ENCE OF | Melaonia (PR | (suned) | | | | |
| A | gove rise to immediate | DUE TO, O | ASPIRAT | ENCE OF | Melaonia (PR | esuned) | | | | |
| | gove rise to immediate cause (a), stating the | DUE TO, O (b) DUE TO, O | ASPIRAT. RAS, A CONSEQUE HX OF CU | ENCE OF PARTY OF | PALLYONIA (PR | | ondition G | SIVEN IN | I PART 10 | |
| | gove rise to immediate cause (a), stating the underlying cause last | DUE TO, O (b) DUE TO, O | ASPIRAT. RAS, A CONSEQUE HX OF CU | ENCE OF PARTY OF | PALLYONIA (PR | | ONDITION G | SIVE Z IN | PART 10 | |
| | gove rise to immediate cause (a), stating the underlying cause last | DUE TO, O (b) DUE TO, O (c) CONDITIONS CO | ASPIRATION SEQUENTE OF CU | ENCE OF A CH | PALLYONIA (PR | | 20b. IF Y | ES, WEI | RE FINDIN | NGS USED |
| | gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT | DUE TO, O (b) DUE TO, O (c) CONDITIONS CO | ASPIRATION SEQUENTE OF CU | ENCE OF A CH | NUMONIA (PRI | NINAL DISEASE OR C | 20b. IF Y | ES, WEI | RE FINDIN | |
| | gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING [| DUE TO, O (b) DUE TO, O (c) CONDITIONS CO | ASPIRAT. RAS, A CONSEQUE HX OF CU DITION FOR WHICH OF INJURY | ENCE OF | NUMONIA (PRI | 200 AUTOPSY? YES NO | 20b. IF Y | TIFYING | RE FINDING CAUSES | NGS USED OF DEATH? |
| CERTIFICATION | gove rise to immediate cause on stating the underlying cause lost. PART 2 OTHER SIGNIFICANT I | DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND ATH HOUR A. | ASPIRATION FOR WHICH | ENCE OF A CHOCEATH BUT | PALLINON A (PR.) F NOT RELATED TO THE TERM N WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF Y | TIFYING | RE FINDING CAUSES | NGS USED OF DEATH? |
| CERTIFICATION | gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING [| DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND ATH HOUR A. P. 216 PLACE | ASPIRATION FOR WHICH THE INJURY M. MONTH DAM M. OF INJURY | ENCE OF A CHO DEATH BUT | NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR | 200 AUTOPSY? YES NOTER NATURE OF | 20b. IF Y IN CERT | ES, WEITIFYING YES B PART I C | RE FINDING CAUSES | NGS USED OF DEATH? NO |
| CERTIFICATION | gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE | DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND ATH HOUR A. P. 216 PLACE | ASPIRATION FOR WHICH MINISTER | ENCE OF A CHO DEATH BUT | NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR | 200 AUTOPSY? YES NOTER NATURE OF | 20b. IF Y | ES, WEITIFYING YES B PART I C | RE FINDING CAUSES | NGS USED OF DEATH? |
| CERTIFICATION | gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (JE EITHER NOTEY MEDIC AL EXAMINE 21d. INJURY OCCURRED AT WORK NOTEY OF THE AT WORK AT WORK | DUE TO, O (b) DUE TO, O (c) 19b CONDITIONS CO 19b COND 19b COND 21b. TIME CO HOUR A. R) 21b PLACE (AT HOME STI | ASPIRATION FOR WHICH OF INJURY M. MONTH DA OF INJURY | ENCE OF A CHO DEATH BUT | NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR | 200 AUTOPSY? YES NOTER NATURE OF | 20b. IF Y IN CERT | ES, WEITIFYING YES B PART I C | RE FIND IN CAUSES DR PART 2) | NGS USED OF DEATH? NO |
| CERTIFICATION | gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT II 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED AT WORK NOT WHILE AT WORK 220.1 certify that (I) (this hosp | DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 216. TIME CO HOUR A. P. 216. PLACE (AT HOME STI | ASPIRATION FOR WHICH IT ON FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY OFFICE, F deceased from deceased from | ENCE OF A CHODEATH BUT OPERATION AY YEAR 19 ARM ETC) | PALLIAON A (PR.) POT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET | 200 AUTOPSY? YES NOTER NATURE OF | 20b. IF Y IN CERT | ES, WEITIFYING YES D B PART I C | OUNTY | NGS USED OF DEATH? NO |
| | gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETIHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22g. 1 certify that (1) (this hosp saw the deceased alive ar above, (1) (we) (did) (did indid | DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND 216 TIME CO HOUR A. R) 216 PLACE (AT HOME STI | ASPIRATION FOR WHICH IT INJURY M. MONTH DA M. OF INJURY REEL, FACTORY OFFICE, F el deceased from 19 | ENCE OF A CHO DEATH BUT OPERATION AY YEAR 19 ARM ETC) | NUMERIA (PRESENTED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 82 d that in (my) (aur) opinion | 200 AUTOPSY? YES NOTER NATURE OF | 20b. IF Y IN CERT | YES DE PARTICO | RE FINDING CAUSES OF PART 2) OUNTY | NGS USED OF DEATH? NO STATE that (I) (we) las causes stated |
| CERTIFICATION | gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT IN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK 220.1 certify that (I) (this hosp saw the deceased dive or above, (I) (we) (did) (did not 226 SIGNATURE) | DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 216. TIME C HOUR A. P. 21e. PLACE (AT HOME STI | ASPIRAM. RAS, A CONSEQUE HY OF CU DITION FOR WHICH ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY OFFICE, F el deceased from 19 ofter death. | ENCE OF A CHO DEATH BUT OPERATION AY YEAR 19 ARM ETC) | PALLIFON A (PR.) PALLIFON A (| 200 AUTOPSY? YES NOTER NATURE OF CITY Of the death accurred on the MEDICAL | 20b. IF Y IN CERT IN CERT INJURY IN ITEM 18 | YES DE PARTICO | OUNTY | NGS USED OF DEATH? NO STATE that (I) (we) los causes stated |
| CERTIFICATION | gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT . 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK 21 Certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did not 22b SIGNATURE. | DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND 216 TIME CO HOUR A. R) 216 PLACE (AT HOME STI | ASPIRAM. RAS, A CONSEQUE HY OF CU DITION FOR WHICH ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY OFFICE, F el deceased from 19 ofter death. | ENCE OF A CHO DEATH BUT OPERATION AY YEAR 19 ARM ETC) | PALLIFON A (PR.) PALLIFON A (PR.) PALLIFON A (PR.) N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET A (PR.) 21c. HOW INJURY OCCUR 21f. LOCATION STREET A (PR.) A (P | 200 AUTOPSY? YES NOTERNATURE OF CITY OF THE CONTROL OF THE CONTR | 20b. IF Y IN CERT IN CERT INJURY IN ITEM 18 | YES DE PARTICO | RE FINDING CAUSES OF PART 2) OUNTY | NGS USED OF DEATH? NO STATE that (I) (we) last causes stated |
| MEDICAL CERTIFICATION | gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT IN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK 220.1 certify that (I) (this hosp saw the deceased dive or above, (I) (we) (did) (did not 226 SIGNATURE) | DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND 216 PLACE (AT HOME STI 1101) ottended the factorial outended the fact | ASPIRATION FOR WHICH IT INJURY M. MONTH DA M. OF INJURY REEL FACTORY OFFICE, F e deceased from | ENCE OF A CHO DEATH BUT OPERATION AY YEAR 19 ARM ETC) | PALLIFON A (PR.) PALLIFON A (| 200 AUTOPSY? YES NOTER NATURE OF CITY OF THE CONTROL OF THE CONT | 20b. IF Y IN CERT IN CERT IN CERT IN TEM 18 R TOWN 79 e dote and ha | YES YES C | OUNTY from the 124 | NGS USED OF DEATH? NO STATE that (I) (we) lost couses stated SIGNED |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 EUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DEC 30 1985 runa Davidson-Randale



and completely filled in by the

After this certificate has been signed by the attending physiciar e as the burial-transit permit. Then please remove carbon papers.

ITENDING PHYSICIAN: The low

TO HOSPITAL

marked or Item 18 shows any injury, or other traumatic event, and Mental Hygiene prior to burial, cremation,

| STATE OF MARYLAND |
|---|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| |

| | 1- | FOR STATE REGISTRAR | | DEPART | | CATE OF DEATH | YGIENE | REG. NO | O. | | |
|---|---------------|--|--|--|-------------------------|---------------------------|---------------|----------------------------|-------------------|--------------------------|-------------------------------------|
| | | CEASED NAME FIRS | STER | MIDDLE C | HAT | MAN | 20. DATE O | FDEATH | 2 - 08 | - 85 | 26 HOUR 9:05 PM |
| | 3. SE) | MALE | 4 RACE | lack. | 5. DATE O | BIRTH YEAR 2.3 18 | | YEARS LAST BIR | THDAY) IF L | UNDER I YEAR | HOURS MIN. |
| 1 | | RTHPLACE (STATE OR FOREIGN | N 76. CITIZEN OF | WHAT COUNTRY? | 8 MARRIED WIDOWEI | NEVER MARRIED | 9 BALTIMO | ORE CITY O | R COUNTY OF | DEATH | MD. |
| 1 | - | BALTIMORE | | HOSPITAL, NURSIN ICH FACILITY, GIVE STREET UTHER | NG HOME O | HO SPITAL | (TYPE OF WO | OCCUPATE RK FOR MOST O | F WORKING LIFE | 126 KIND C INDUSTRY | OF BUSINESS OR |
| 1 | 13a. S | ma - | OME OR OTHER INSTITUTION | 13c CITY OR TOW | | 13d INSIDE CHY LIMITS? | 122 | | The second second | 21 SHEK | 315 |
|) | 14. FA | RIHER'S NAME PIRST FIRST | CATAT. | 44 WIAST | | 15. MOTHER'S MAIDEN N | | MIDDLE | | LA! | .51 |
| | | VAS DECEASED EVER IN U. | S. ARMED FORCES? ES. GIVE WAR OR DATES) | 24840 G | PRITY NO | LUS WI | 54,74 | ADDRE | | WER | 31 |
| | | 18 CAUSE OF DEATH END PART I DEATH WAS CO | ter only one couse pe AUSED BY: EDIATE CAUSE (a) | Pulmo | | Emboly | 0 | | | BETWEEN | XMATE INTERVAL LONSET AND DEATH |
| | | Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause los | th (b)_ te (DUE TO, (c)_ | DR AS A CONSEQU | ENCE OF | NOT RELATED TO THE TE | RMINAL DISEAS | SE OR CON | DITION GIVEN | IN PART 1 | Ia |
| 7 | CERTIFICATION | COPD 190 DATE OF OPERATION | 19b. CONI | DITION FOR WHICH | OPERATION | WAS PERFORMED | OPSY? | 20b. IF YES, WIN CERTIFYIN | | INGS USED S OF DEATH? | |
| 1 | | 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA | OF DEATH HOUR | OF INJURY A.M. MONTH D P.M. | AY YEAR | 21c. HOW INJURY OCCU | URRED (ENTERN | | | I OR PART 2) | |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | OF INJURY TREET, FACTORY OFFICE I | FARM ETC) | ZII LOCATION STREET | _ | CITY OF TO | WN | COUNTY | STATE |
| | | 22n. L certify that (I) (this saw the deceased alivabove, (I) (we) (did) (d | ve an 12-8 | 19_ | 11 - Z 85 , and | that in (my) (our) apinio | to | Z - ed an the do | . 19 | nd from the | that (1) {we} last causes stated |
| | | BULL T 1 | hong | | | ATTENDING PHYSICIAN | | STAF | IAN A | 12/ DATE | 18/85 |
| | | BICH T | DUONT | | | 22e ADDRESS LUTHERY | AN HO | SPITI | 44 | | |
| | | BURIAL, CREMATION, REMO | OVAL 236. DATE | 23c. 1 | NAME OF CE | METERY OR CREMATOR | | ATION | | OUNTY / | 4 STATE |

BP.

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR.

IMPORTANT: If Item 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

MERAL DIRECTOR Delayer 63.500 91/mm st

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE TO 1985

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE 353028 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME 20. DATE KNOWN ľX 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED LE ANY DELAY IS NECESSARY, PLEASE 2. AND 3 THE FUNERAL DIRECTOR.
3. RETAUNANGE 5 FOR YOUR FILES. SENOVID BE FILED. WITHIN 72 HOURS.
AL RECORDS. 201 W. PRESTON STREET, Melvin Chew 1985 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YR. AGE (IN YEARS IF UNDER 24 HRS. 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED g:01 DEAD 1985 12 - 149. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Baltimore City 12a. USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR.INDUS Baltimore Sinai Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 21201 13b. COUNTY 13d INSIDE CURYLIMITS? EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3, TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SFAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITALI BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO UNKNOWN) None CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY Smoke Inhalation IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 191 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? NOXX YES [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR WEDICAL 12-14 19 85 5:18 XX subject recovered from house fire CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK TO AT WORK Towanda Avenue, Baltimore, Maryland Home Inspection X 22a. I certify that Ltook charge of the remains described above, held an Autopsy Accident XX Hamicide death resulted Undetermined manner Natural caus TITLE (SPECIFY) 12-14-85 TO MEDICAL EXECUTE THE Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. (TYPE OR PRINT) ADDRESS em. ti 07/84 BP. 24 FUNERAL DIRECTOR

(VR A15 ME (5))

DHMH - 17

State of the second of the second of

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

365270

rrector, page 3

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumairc event, the medical

TO FUNERAL DIRECTOR: After

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

....

The Davidson-Randon

| | | REGISTRAR | | | | | | | REG. NO | | | | | |
|---|---------------|--|--------------------|------------------------------------|---|-----------------|-------------------------|------------------------|-------------------|----------------------------------|------------|--|-----------------|----|
| | | CEASED NAME FIRST | | IDDLE | | AST A D D | 10 | 20 DATE OF | DEATH | MONTH | 23 | YEAR 85 | 3 25 | P |
| 8 | 3. SE2 | CHARL | 4 RACE | | 5. DATE O | AZZ | 14 | 6 AGE LINYE | A DE LA ET BIDT | 70 | , - | RIYEAR | # UNDER 24 HR | - |
| d | 3 257 | MALE | Cau | _ | MONTH | | YEAR | 70 | _ | YRS. | MONTHS | DATS | HOURS MIN | _ |
| - | 70. BI | CUNTOW | 76 CITIZEN OF V | VHAT COUNTR | Y? B | D NEVER A | AAPPIED [] | 9 BALTIMOR | E CITY O | R COUN | TY OF DE | ATH | | _ |
| d | | WALK Ohio | USA | | WIDOWE | | ORCED | B | x 1+1 | 40 | ~ < | Cit | × / | AD |
| 8 | B | TY OR TOWN OF DEATH | HENOT IN SUCH | OSPITAL, NUR FACILITY, GIVE STR | EET ADDRESS) Jnivers | ity Hos | | RETTIE | CCUPATION NOST OF | Secur | | KIND OF | BUSINESS C | R |
| 8 | 13c. S | AL RESIDENCE (IF NURSING HOME OR STATE Md. Md. Bald | | 13c. CITY OR TO | NWC | 13d INSIDE C | NOF | 130 STREEN | PPFas | 78°59 | Aft 21 | 221 | | |
| C | 14. FA | THER'S NAME FIRST Paul | AIDDLE | hiazza | | | MAIDEN NAM | ΛE | WIDDLE | Zaı | mbito | LAST | | |
| 0 | | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SE | CURITY NO. | 17. INFORMA | | | ADDRE | SS | | | | _ |
| K | 100 | (IF YES GIVE 44-6 | WAR OR DATES) | 23305 | 8147 | Paulet | ta McCo | by 815 | Norr | is L | ane 2 | 1220 | | |
| | | 18 CAUSE OF DEATH (Enter on | | ine for (o), (b), | and ic | | | | | | ā | APPROXIM ETWEEN OF | ATE INTERVAL | 1 |
| | | PART I. DEATH WAS CAUSEI IMMEDIAT | E CAUSE (a) | Intrac | arcbry | 1 He. | na for | a | | | | 12/ | 22/8 | |
| | | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C | (Ic) | AS A CONSEC | | NOT RELATED | TO THE TERMI | nal disease | OR CONE | DITION G | GIVEN IN P | PART 110 | | _ |
| | CERTIFICATION | 190 DATE OF OPERATION 198. CONDITION FOR WH | | | IICH OPERATION WAS PERFORMED | | | | | | | WERE FINDINGS USED (ING CAUSES OF DEATH? | | |
| 1 | RTIF | none | | | | | | | NO | | YES 🗌 | | NO 🗆 | |
| 7 | | ? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | in . | A. MONTH | DAY YEAR 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY OF INJURY OCCURRED) | | | | ure of injur | URY IN ITEM 18 PART ! OR PART 2) | | | į | |
| | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE C | OF INJURY SET FACTORY OFFICE | E FARM ETC) | 211 LOCATIO | N | | CITY OR TOV | VN | COL | UNTY | STATE | |
| | | 220.1 certify that (I) (this hospit sow the deceased alive on | | 19 | | nd that in (my) | , 19 (our) opinion d | , to leath occurred | on the do | te and he | our and Ir | | not (II (we) lo | st |
| | | obove, (I) (we) (did) (did noi 22b SIGNATURE | n / | offer deoth. | 0 | DEGREE | TTENDING | MEDICAL | STAF | F | 220 | DATES | IGNED | |
| à | | TOWARD Se | guera | | m. | | HYSICIAN | DIRECTOR | | | | 14/2 | 3/80 | |
| | | Howard Be | | | E. | 2 2 | | ene | st. | Bul | 16.1 | Hd. | 2/20 | , |
| | | URIAL, CREMATION, REMOVAL SPECIFY) Burial | 23b. DATE 12/27 | | | EMETERY OR O | | Mid'd | le Ri | ver | Balto | 5. Ma | arylan | d |
| | 24 51 | INTERNAL DIRECTOR | | | | | 105 0 4 25 | 25.5:0 011.05 | a icea a pl | | | | | |

Connelly Funeral Home 300 Mace Ave. 21221

| | | ED NAME FIRS | | WIDDIE | | LAST | REG. N | MONTH DA | YE AR | 26 HOUR |
|-----------------------|--|---|--|--|---|---|--|---|--|----------------------------|
| L | YPE OR PE | TH | ERES | A R. | CH | tick | | 1210 | 0 85 | 5. A |
| 3 5 | sex Fe | male | 4 RACE | /hite | S. DATE O | | 6. AGE (IN YEARS LAST BIR | MC | FUNDER I YEAR | HOURS |
| Pó. | BIRTHE | LACE (STATE OR FOREIG | | U.S.A. | 8. | D NEVER MARRIED | 9 BALTIMORE CITY C | OR COUNTY C | OF DEATH | |
| 10 | CITYO | timore | | AE OF HOSPITAL, NURSIN | NG HOME | OR OTHER INSTITUTION | 120. USUAL OCCUPAT (TXRE OF WORK FOR MOST C HOUSEWIFE | | 12b KIND C INDUSTRY HOME | |
| 5 15 | STATI | 13b (| OME OR OTHER INST COUNTY | 130 CITY OR TOVE Baltimor | VN | 138 INSIDE CITY LIMITS? | 13 STREET ADDRESS 1820 Spen | | | |
| 6 | | S NAME George | WIDDLE | Simmo | nt | 15 MOTHER'S MAIDEN N | | | | ickle |
| 160 | | DECEASED EVER IN U. | S. ARMED FOR | | | Shirley C | loud 368 Riv | | 2112 Dr Pa | - |
| | 18_6 | AUSE OF DEATH (En | nter only one co | use per line for (o), (b), or | tosi. | cal li | 100 | 1-1-5 | BETWEEN | MATE INTERV ONSET AND D |
| | | IMMI | EDIATE CAUSE | (0) | | s of Liv | - CA | | | |
| | Co | nditions, if ony, which | | TO, OR AS A CONSEQU | ENCE OF | | | | | |
| | go | ve rise to immedio | te) | TO OR AS A CONSEQUE | ENICE OF | | | | | |
| | go | ve rise to immedio use (o), stating the derlying couse lo | he DUE | TO, OR AS A CONSEOU | ENCE OF | | | | | |
| N. | go co un PAI | use (o), stating the derlying couse los | he DUE | (c) | | NOT RELATED TO THE TER | MINAL DISEASE OR CON | IDITION GIVE | N IN PART I | 0 |
| TIFICATION | go co un PAI | use (o), stating the derlying couse los | ANT CONDITIO | (c) | DEATH BUT | | MINAL DISEASE OR CON | 20b. IF YES, | WERE FINDIN | NGS USED |
| CAL CERTIFICATION | PAI | use (o), stating the derlying couse lose (o) | DUE ST ANT CONDITION 19b NG 71b OF DEATH HO | ONS CONTRIBUTING TO | DEATH BUT | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, IN CERTIFYI YES | WERE FINDIR | NGS USED OF DEATH |
| MEDICAL CERTIFICATION | PAI | use (o), stating the derlying couse loses to the state of operation. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE STITMER NOTIFY MEDICAL EXTENSIVE OF COURRED COURRED | DUE ST DU | CONDITION FOR WHICH | DEATH BUT HOPERATIO AY YEAR 19 | N WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF YES, IN CERTIFYI YES | WERE FINDIR | NGS USED OF DEATH |
| 70.8 | PAI 19a 21a. OR (III 21d | USE (O), STOTING IT derlying couse lose RT 2 OTHER SIGNIFICA DATE OF OPERATION ACCIDENT WAS UNDERLYIN CONTRIBUTING CAUSE LETHER NOTHEY MEDICAL EX- INJURY OCCURRED OR NOT WHILE AT WORK I certify that (I) (thiss- | ANT CONDITION 19b. NG 21b. HO AMINER 21e. I [AT H | CONDITION FOR WHICH TIME OF INJURY FUR A.M. MONTH D P.M. PLACE OF INJURY OME STREET FACTORY, OFFICE, ded the precessed from | DEATH BUT H OPERATIO AY YEAR 19 FARM ETC.) | 216. HOW INJURY OCCU | YES NO REPORTED (ENTER NATURE OF INJU | 20b. IF YES, IN CERTIFY! YES IN TEM 18 PAR | WERE FINDING CAUSES INC COUNTY COUNTY | NGS USED OF DEATH NO |
| 70.8 | PAI 19a 21a. 21d. 21d. 22e. | USE (O), stating the derlying couse lost of the | ANT CONDITION 19b. NG 21b. HO AMINER 21e. I [AT H | CONDITION FOR WHICH TIME OF INJURY FUR A.M. MONTH D P.M. PLACE OF INJURY OME STREET FACTORY, OFFICE, ded the precessed from | DEATH BUT H OPERATIO AY YEAR 19 FARM ETC) | 21c. HOW INJURY OCCU 21f. LOCATION 519EET 21g opinio | 200 AUTOPSY? YES NO NO NOTIFIED (ENTER NATURE OF INJUSTICATION OF INTERPRETATION OFFICE INTERPRETATION OFFICE INTERPRETA | 20b. IF YES, IN CERTIFY! NESTING IS PAR ONE OIL | WERE FINDING CAUSES INC COUNTY COUNTY | NGS USED OF DEATH NO sta |
| 70.8 | 9c ca unn 19a 21a. 21a. 21d. 21d. 22a. | DATE OF OPERATION ACCIDENT WAS UNDERLYIN CONTRIBUTING CAUSE CHIMER NOTIFY MEDICAL EX- INJURY OCCURRED CORK IL certify that (1) (Mac- saw the deceased of its owner.) | ANT CONDITION 19b NG 21b OF DEATH HO AMINER) 21c. f (AT H AMINER) 21c. f (AT H (AT H (TYPE OR PRINT) | CONDITION FOR WHICH TIME OF INJURY FUR A.M. MONTH D P.M. PLACE OF INJURY OME STREET FACTORY, OFFICE, ded the precessed from | DEATH BUT H OPERATIO AY YEAR 19 FARM ETC) | 216. HOW INJURY OCCU 216. LOCATION 519EET 19 nd that in (my) (appr) opinio DEGREE | 200 AUTOPSY? YES NO NO NOTIFIED (ENTER NATURE OF INJUSTICATION OF INTERPRETATION OFFICE INTERPRETATION OFFICE INTERPRETA | 20b. IF YES, IN CERTIFY! YES IN TIEM 18 PAR DWN Ote ond hour of | WERE FINDING CAUSES TO COUNTY Ond from the | NGS USED OF DEATH NO sta |

STATE OF MARYLAND

Special contract Letter amendation -

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CERTIFICATION

MEDICAL

226. SIGNATURE

(SPECIFY)

Burial

24. FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

FOR - STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| E S | 5 | 3 | 3 | O | Ó |
|--------|--------|-------|-----|------|--------|
| | REG. N | Ю. | | | |
| DATE C | FDEATH | MONTH | DAY | YEAR | 2b. HO |
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that (I) (we) lost

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

126 KIND OF BUSINESS OR

| CEASED NAME FIRST | MIDDLE | LAST | 2g DATE OF DEATH | MONTH DAY YEAR 26 HOUR |
|--|--|--|--|--|
| Charlo | tte B. (| Chilstedt | 12/03/80 | 955 |
| | RACE D. | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRT | HDAY) IF UNDER 1 YEAR IF UNDER 24 I |
| | Caucasian | MONTH DAY YEAR | 83 | MONTHS DAYS HOURS M |
| | LOUNTRY? | 8 | 9 BALTIMORE CITY OF | |
| arvland | USA | MARRIED NEVER MARRIED WIDOWEDER DIVORCED | | ore City, |
| | | G HOME OR OTHER INSTITUTION | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Secretary | ON 126 KIND OF BUSINESS INDUSTRY |
| AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT Maryland | | Ore YES M NO | 3734 Elm | Ley Ave, 21213 |
| August | Griffne | r Berth | MIDDLE | Greenewald |
| NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V | ED FORCES? 16b. SOCIAL SECU WAR OR DATES) 219-10 | | adler, niece, | ssame as above |
| PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. | THE PROPERTY OF THE PARTY OF TH | NCE OF Ischamic how | Ne \ | |
| PART 2 OTHER SIGNIFICANT CO | | VASCULAR | DISEGSEORCONE | DITION GIVEN IN PART 1(a) |
| 190. DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? YES M NO | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{\begin{align*} |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. | YEAR 19 | CURRED (ENTER NATURE OF INJUR | r IN ITEM 18. PART 1 OR PART ?) |
| 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 214 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. | ARM ETC) 211 LOCATION STREET | CITY OR TOV | VN COUNTY STATE |
| 22a.1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did nat) | Decpulses 3 10 | ond that in (my) (aur) apir | nion death accurred on the da | te and hour and from the causes stated |

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been

burial-transit permit Mental Hygiene prior

should be detoched far with the State Dept. of h

MPORTANT: IF

23b. DATE

12/6/85

DEGREE

MA 22e ADDRESS

23d LOCATION

23c NAME OF CEMETERY OR CREMATORY

ATTENDING PHYSICIAN

Balto Md COUNTY STATE

22c. DATE SIGNED

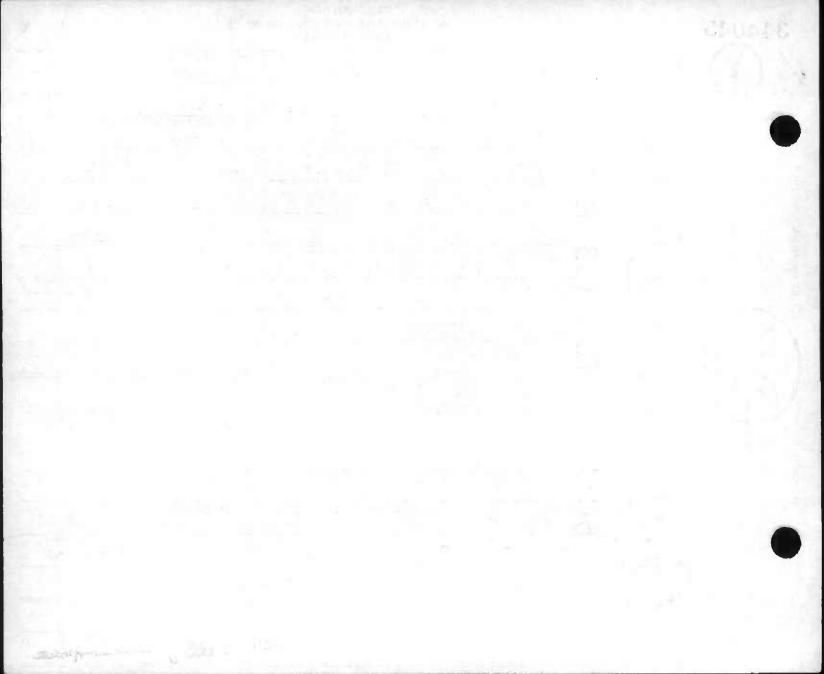
2.03.85

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 6 1985 3931 Brehms Lane

Schimunck Funeral Home, Balto, Md

MEDICAL STAFF

-wicion-Hande



| 315078 | FOR STATE REGISTRAR |
|--|------------------------------------|
| noy be | T DECEASED NAME |
| Page 4 may | Female |
| | Maryland |
| executed within 24 hours offer death and completely filled lift. The Fig. 1 and 2 should lift in within 2 edicol examines gus. Examines and a similar and edicol examines gus. | BPLT1H |
| um 24 hav | Maryland |
| oned within 24 by the cond 2 should and 2 should be examine, and 2 should | James |
| be executed on ond one s. Poges, e medicol | 160 WAS DECEASED EVER |
| TON ST., BALTIMORE, MARYLAND 21201 oth certificate be executed within 24 haurs of ending physicion and completely filled in our removal. motic event, the medical examines and | 18 CAUSE OF DEA PART I. DEATH V |
| TON S | |

STATE OF MARYLAND DE

| P | ARTMENT | OF H | EALTH | AND | MENTA | L HYGIE | NE |
|---|---------|------|-------|-----|-------|---------|----|
| | CE | RTIF | ICATE | OF | DEATH | | |

| - STATE REGISTRAR | | DEFARIM | | ICATE OF D | | REG. NO. | | | | |
|--|-------------------|--|-----------|---------------|-------------|--|-------------|--------------|--------------|-------|
| DECEASED NAME FIRST TYPE OR PRINT) HILL | PED | C. | | ISLE | 4 | 26 DATE OF DEATH MON | DAY 2 | 85 | 26 HOUR | 350 |
| SEX | 4 RACE | | 5. DATE C | | | 6 AGE (IN YEARS LAST BIRTHDAY | | UNDER I YEAR | HOURS | |
| Female | В. | 11 S OS | | | 76 | YRS MO | NINS. DATS | HOURS | MIN. | |
| BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | MARRIE | NEVERA | ARRIED - | 9. BALTIMORE CITY OR CO | | | | |
| Maryland | U.S | S.A. | WIDOWE | | ORCED | BALTIM | ORE | 5 C1 | 17 | ME |
| BALTIMORE | | HOSPITAL, NURSING HEACILITY, GIVE STREET AI SE | DDRESSI | PROTHER INST | NOITUTI | 12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO | RKING LIFE) | | stic | |
| JSUAL RÉSIDENCE (IF NURSING HOME OF 30 STATE 13b. COUP | OTHER INSTITUTION | Baltimor | | 13d. INSIDE C | ITY LIMITS? | 13e STREET ADDRESS / ZIF 1113 E.Belve | code | Ave.A | 1239 pt.B | |
| FATHER'S NAME FIRST James | MIDDLE | Donnican | | | MAIDEN NA | ME J. MIDDLE | | Col | 0 | |
| WAS DECEASED EVER IN U.S. AR | MED FORCES? | 16b SOCIAL SECUR | ITY NO. | 17. INFORMA | | ADDRESS | | 001 | | |
| (YES NO OR UNKNOWN) (IF YES GA | VE WAR OR DATES) | 220-30-4 | 1422 | Arthur | J. Ch | isley 1113 E. | Bel | vedere | Ave | . Ар |
| 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) | | nedia | he | pira | toky | arrest | | BETWEEN C | MATE INTERV | DEATH |
| Conditions if any which | DUE TO, OF | RAS A CONSEQUEN | YCF OF Z | ie br | eas | + carcin | Dh | 9 | | |

| UNKNOWN | 220-30-4422 Arthur J. C | mistey 1113 | E. Beiveder | e Ave.A | |
|--|---|--|----------------------------------|--------------------------------------|--|
| 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | one couse per line for ial, (b. and ic) BY: CAUSE (o) Caudio has indicately | arrest | BETWEE | OXIMATE INTERVAL EN ONSET AND DEA | |
| Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF BURGES DUE TO, OR AS A CONSEQUENCE OF BURGES (c) | 4 | hema | | |
| PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER | rminal disease or con | NDITION GIVEN IN PART | lio | |
| 19a. DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED | 200 AUTOPSY? 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO | | | |
| 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY 21c. HOW INJURY OCCL | JRRED (ENTER NATURE OF INJU | URY IN ITEM 18, PART I OR PART 2 | 7) | |

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

MEDICAL NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from

saw the deceased alive on , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

22e ADDRESS 12/9/85

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OF CREMATORY Dulaney Valley Cem.

Baltimore County, NY

Md.

STATE

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 9 1985

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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should be detached for use as the burial transit per with the State Dept. of Health and Mental Hygiene MAPORTANT: If Hem 21 is marked or Item 18 shows

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After this certificate has been

TO FUNERAL DIRECTOR:

OR ATTENDING PHYSICIAN: ne hospital or offending physi

STATE OF MARYLAND

| 00 | 23/126 | 1. | FOR STATE | | DEP | | | ARYLAND AND MENTAL H | YGIĘNE | 3 | 3 | 5 | 3 | |
|---|--|---------------|---|--------------------|---|-----------------------|--------------|--------------------------|-----------------|------------------------|------------------|---|-------------|--|
| 1 | | 1 | REGISTRAR | | MEDIC | AL EXAMIN | ER'S C | ERTIFICATE C | F DEATH | REG. NO |). | | | |
| | | | CEASED NAME | FIRST | MIDE | DLE | | AST | 2a. D. | TE KNOWN X | X MONTH T | DAY YEAR | 26 HOUR | |
| | RS. S. Y. | 1111 | | Ruth | N | 1. | Chr | istopher | | ATH MATED | 12-2 | 9 19 85 | | |
| | 20 E O E | 3. SE) | 4 RACE | 5 DA | TE OF BIRTH | 6. AGE (IN YE | ARS IF UN | DER TYR. IF UNDER | | DATE | MONTH | DAY YEAR | 2d HOUF | |
| | OUR N S | | FW | | -16-192 | ENDT DIKTIE | | DAYS HOURS | | OUNCED | 12-2 | 9 10 85 | 9:40 | |
| | SSAL SAL HIN HIN | | RTHPLACE (STATE OR REIGN COUNTRY) | 76 C | TIZEN OF WHAT | | B MARRIE | D NEVER MARR | FD 9 BA | LTIMORE CITY O | RCOUNTY | | 7. | |
| | IS NECESSARY, PLEASE FE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. DAWITHIN 72 HOURS I W. PRESTON STREET, | | 1ARYLAND | | 11.5. | A. | WIDOW | | | altimore | City. | | AAF | |
| | IS NOT THE STATE OF THE STATE O | Baltimore | | | II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF | | | | | | OF WORK 12b | F WORK 126 KIND OF BUSINESS OR INDUSTRY | | |
| 1 | 305 300 | | | | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) METCY HOSPITAL FOR MOST OF WORKING LIFE) WAITRESS | | | | | F | | | | |
| (=) | 3330 | 13a. S | L RESIDENCE (IF IN NURSH | NG HOME OR OTHER | INSTITUTION, GIVE RESI | DENCE BEFORE ADMISSI | | to the the second second | | | | | 1206 | |
| C. W | 場所がら | 130. 3 | Mp. | a. COUNTY | 130. | BALTO. | 72 | YES NO 1 | 13e STREET AI | | SDAL | E AV | | |
| 300 | | 14. F/ | THER'S NAME | | | | | IS. MOTHER'S MAID | | | SPILE | | leas 4 | |
| 2hrs | 648 R. S. | 1 | FIRST | N OV | VENS. S | DR. | | FIRST | JDE A | MIDDLE | TERS | LAST | | |
| WO | KANDA | 16a. V | VAS DECEASED EVER IN | | ORCES? 166 | SOCIAL SECURIT | Y NO. | 17. INFORMANT | 305 1 | ADDRESS | .IERS | | 21204 | |
| LT. | A SECTION A | {Y | ES, NO. OR UNKNOWN) (II | F YES, GIVE WAR OR | DATES) | 7-24-00 | 180 | Mr Dordon | W. Chri | stophen | -713C | harin | Jer | |
| 3 | WIT PAR | | 18 CAUSE OF DEATH | (Enter only one | couse per line for (c | (b) and (c) | | | - | | | APPROXIMATI | E INTERVAL | |
| TS | 0708# . | | DADT I DEATH MAIAC | CALLEED BY | | | tic C | ardiovascu | ılar Die | Sease | - | BETWEEN ONSE | T AND DEATH | |
| TO | IIN 24 HO IN ITEM I R ALONG ISIT PERM HYGIENE MOVAL. | | 1/ | MMEDIATE CAL | | CONSEQUENCE | | ararovasco | arar Dr. | beabe | | | | |
| RES | ER JENSING | | Conditions, if ony | | 41.5 | | | | | | | | | |
| ×. | ON TRANS | | gave rise to im couse (o) stating th | | DUE TO, OR AS A | CONSEQUENCE | OF. | | | | | | | |
| 201 | N A P P | | lying cause lost. | | (c) | | | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. | HOULD BE EXECUTED WITHIN 24 HOULD BE WITHIN 24 HOULD IN TEATHER MEDICAL EXAMINER ALON USED AS A BURIAL -TRANSIT PER OF HEALTH AND MENTAL HYGIEN OF HEALTH AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL | | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIB | | T RELATED TO THE TERM | INAL DISEASE | OR CONDITION GIVEN IN PA | RT Lini | | | | | |
| Ö | BE EXEMPLED OF THE PROPERTY OF | NO | | | | | | | | | | | | |
| 8 | LEA MEN | CERTIFICATION | 190. DATE OF OPERATION | ON | 19b. CONDITION | FOR WHICH OPER | ATION WA | AS PERFORMED? | | | | 20 AUTOPSY | ? | |
| IIA | HIS CERTIFICATE SHOULD WRITING THE WORD "PE ARDED TO THE CHIEF A AGE 3 SHOULD BE USED. ATE DEPARTMENT OF HE ATE DEPARTMENT OF HE ATE OF TO BURIAL, OF | Ĕ | | | | | | | | | | YES 🗆 | NO XX | |
| J-V | WENT OF THE CONTRACT OF THE CO | 8 | 210. EXTERNAL CAUSE | | 216. TIME OF INJU | | 21c HO | W INJURY OCCURRE | D (ENTER NATURE | OF INJURY IN ITEM 18 I | ART 1 OR PART 2) | | TO ILM | |
| N | A H O S K | | UNDERLYING OR | | P.M. | NTH DAY YEAR | | | | | | | | |
| /ISIG | ERTI ING IS SH PRICE | MEDICAL | THE INTERPRETATION | 5 | 21e PLACE OF IN | JURY (AT HOME, | 21f. LOC | | | | | | | |
| é | THIS CERI WARDED WARDED PAGE 3 SH TATE DEP/ 21201 PRI | 2 | WHILE NOT WE AT WORK | HILE | STREET, FACTORY, F. | ARM, ETC.) | ST | REET | CITY | NWOTR | COUNTY | r | STATE | |
| | RW/ RW/ STA STA 5, 21 | | | | | | | , Inspectio | V738 | | | | | |
| | A TO SEE | | 220 I certify that I to | | Total / | | Autops | | | | d in my opinio | on | | |
| | EXAMIN CERTIFIC UID BE F DIRECTO WITH TI | | death resulted trom: | Natural cou | (CC) | dent L, Su | icide 🔲, | Homicide | Undetermine | d monner, | | | | |
| | A A B B B B B B B B B B B B B B B B B B | 251 | ACTUAL SIGNATURE | Mund | XXX | with M | NO MI | Assistan | F | | DATE | 12-30 | -85 | |
| 1 | ZER BER | | SIGNATURE -CAL | 00000 | 1 110 | 1 | M. | ASSISCAII | MEDICALE | XAMINER | SIGNED_ | 12 30 | 0,5 | |
| | TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE, | - | EXAMINER'S NAME (TYPE OR PRINT) | Dennis | F. Smyth | n, M.D. | A | DDRESS_111 1 | Penn St | , Balto | ., Md. | 2120 | 1 | |
| | TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWARD TO FUNKEAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BATTIMORE, MARYLAND, 2120 | 23a.B | JRIAL, CREMATION, REM | | | 23c NAME OF CE/ | | | 23d. LOCATIO | | | | | |
| 07/84 | BP | (5 | BURIAL | 1-2 | _ | D | 400 | CEM. | CITY OR TOW | ALTO. | COUNTY | 51 | TATE | |
| 25M | DHMH - 17 | 24 F | INERAL DIRECTOR | | ADDRESS | | | 250 [36 | | MAR 25b E | जार वहार हा | VATOR | - | |
| | (VR A15 ME (5)) | 1 | tentle bril | 00000 | 7507 3 | Jarl mal | RJ | | M. T. CK | N. 0 _ | A transfer | - Almila | - | |
| | | | | | | | | | | | | | | |

W. W. M. S. Jhindredon

| age 4 may be | huntral director, page 3 hun72 hours after death |
|--|---|
| other death. | 10 |
| it certificate by executed within 24 hours other deaths. | ately filled in a |
| s executed v | sicion and completely pen. RogereTand 2 s |
| eath certificate b | otheriding physicia ove corbonappers |

FOR STATE REGISTRAR DEPA

| STATE OF MAKILAND | | A | 6 | 2 | | and the |
|--------------------------------------|---|----------|---|---|---|---------|
| ARTMENT OF HEALTH AND MENTAL HYGIENE | 0 | 2 | 0 | J | U | 1 |
| CERTIFICATE OF DEATH | | REG. NO. | | | | |
| | | REG. NO. | | | | |

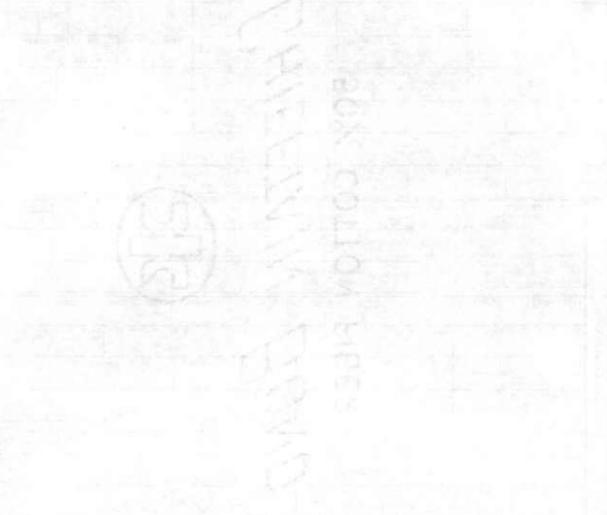
| | 5 | REGISTRAR | | - | | REG. NO | Ο. | | | | |
|---|---------------|--|---|----------------|--|---------------------------------|------------|-----------|----------|--|--------|
| 1 | | CEASED NAME FIRST | WIDDLE | - 1 | LAST | 20 DATE OF DEATH | MONTH | DAY | YEAR | 26 HOUR | |
| | 1.44 | ROSE | 2 | CL | ARK | _/ | 12. | 22 | 85 | 3.30A | M |
| | 3 SEX | (= = = | 1. RACE | 5. DATE (| | 6 AGE (IN YEARS LAST BIR | HDAY) | MONTHS. | DAYS | IF UNDER 24 HRS | _ |
| 1 | FE | EMALE | BLACK | | 24-37 | 48 | YRS. | | DATE | THE STATE OF THE S | |
| Ü | | RTHPLACE (STATE OR FOREIGN | TO CITIZEN OF WHAT COUNTRY? | 8 AA A PRIE | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNT | | A | | |
| 7 | GE | EORGIA | USA | WIDOW | ED DIVORCED | Balte | ma | 20 | ixy | M | D. |
| 1 | 1 | CHI | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A | | DROTHER INSTITUTION | 12a USUAL OCCUPATION | | | KIND OF | F BUSINESS O | 8 |
| f | BA | LTIMORĚ | BON SECOURS H | | TAL | DEMOSTIC | | | | 0/11 | 10 |
| 5 | 13a S | AL RESIDENCE (IF NURSING HOME OR C TATE 136 COUN ARYLAND | OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13 C. CITY OR TOWN BALTIMO | N | 13d. INSIDE CITY LIMITS? YES 🕅 NO 🗌 | 138.STRFFT ADDRESS / 1520 W. | ZIP COD | E MON: | T AV | VENUE | in and |
| 2 | FA | THER'S NAME | AIDDLE LAST | | 15. MOTHER'S MAIDEN NAM | WE | | | LAST | | |
| U | AI | BERT | BENJAMIN | | LYDIA | DEE | HU | GGAI | | | |
| | 160 V | VAS DECEASED EVER IN U.S. ARA | MED FORCES? 166 SOCIAL SECU | RITY NO | 17 INFORMANT | ADDRE | SS | | | | _ |
| | N | VAS DECEASED EVER IN U.S. ARA | WAR OR DATES) | | JOHNNIE CLA | ARK 1520 | W . : | FAII | RMON | NT AVE | |
| 1 | CERTIFICATION | Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause last PART 2 OTHER SIGNIFICANT COURTS OF THE COURT OF THE C | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D 196. CONDITION FOR WHICH | NCE OF | | INAL DISEASE OR CONI | 20b IF YE | ES, WERE | E FINDIN | IGS USED OF DEATH? | = |
| | BT | | AN THIS OF BUILDY | _ | 121. 110.00 10.000 0.000 0.000 | YES NO | | res 🗌 | | NO 🗌 | _ |
| 1 | 11553.5111 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | 21b. TIME OF INJURY HOUR A.M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | IN ITEM 18 | PART I OR | PARI 2) | | |
| n | MEDICAL | LIF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | | | | | | |
| | MED | 21d INJURY OCCURRED | 21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, FA | RM ETC } | 211. LOCATION STREET | CITY OR TO | WN | COL | UNIY | STATE | |
| | 7 | AT WORK | | | 12/1- 20 | . 13 | | 9 | (- | | _ |
| Н | | 22a. I certify that (I) (this bosout saw the deceased olive on_ | ol) ottended the deceased from_ | 26 | 1903 | , ta | - 11 | , 19 | | that (I) (we) la | st |
| H | w. | abave, (1) (we) (did) (did not | | | nd that in (my) (our? opinion o | death occurred an the do | ite and ho | | | | _ |
| | | 226. SIGNATURE KNUY- | yer Huy | | MID. ATTENDING PHYSICIAN | MEDICAL STAR | | 120 | DATE S | SIGNED | |
| | | 22d. PHYSICIAN'S NAME ITYPE OR | PRINT) | | 22e ADDRESS | 00 | | - | 1 | 10 | |
| | | KUANG | -YEN HUA | NY | BON | Jero | un | 6 | tos | Pital | |
| | | URIAL, CREMATION, REMOVAL SPECIFY) | 23b. DATE 23c N | AME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | COUNT | TY | STATE | |
| 1 | 24 51 | BURTAL | 12-28-85 CE | DAR | | RY BALTIM | | | RYL. | | - |
| | 29 FL | INERAL DIRECTOR | | | 730. DAIL | E REC D. BT REGISTRAR | ZID KEGIS | IKAR'S | SIGNALL | JKE | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. At should be detached for use a with the State Dept. of Health

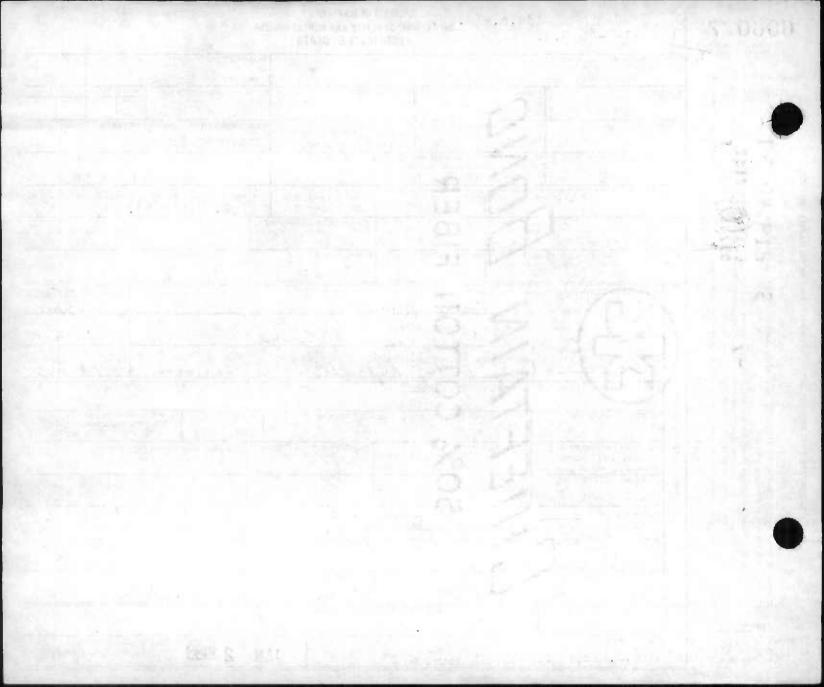
BROWN/THOMPSON F.H. 1913 W. BALTO. ST.

DEC 26 1985 John Mandelle



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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | -1 | San A | 4 | B) | 2 |
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| | | TO POSTITAL OR ATTENDING PHISTLAN. The low requires that the deeth certhidate be executed within a mark of the deeth. Poge 4 m retained by the haspital or attending physician. | 0 % | ×:+ | IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical manner messive natived at order |
| | F | - 2 | TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and come! The other officerar, should be detached for use as the burial-transit permit. Then please renove corban papers. Pages, figure | , | 1 |
| | | | | | |

| 003077 | 1. | FOR NUME STATE 1-6-86 REGISTRAR | ER 1 D.W. | 3a,e,1 | DER . PH C | T STAT | E OF MARYLAND BEALTH AND MENTAL H' COTE OF DEATH | YGIENE 8 | S REG. NO. | 3 3 6 | 10 |
|--|---------------|---|--------------|------------------------|----------------------|-------------|--|------------------|-----------------------|--|---|
| 5 | | | IRS1 | | MIDDLE | | AST | 20. DATE OF I | | DAY YEAR | 2b. HOUR |
| oy be looge 3 death | (TYPE | ORPRINT) | OUISE | | | CT | 7/37 | DECEME | RER 25, 1 | 1985 | 7:31 PM |
| pog de | 3. SE) | | | RACE | | 5. DATE O | JAY DE BIRTH | | ARS LAST BIRTHDAY | IF UNDER I YEAR | |
| office. | | Female | | Black | | MONT | | 65 | | MONTHS DAYS | HOURS MIN. |
| direct on the same of the same | 20 BI | RTHPLACE (STATE OR FORE | IGN 7h | | WHAT COUNTRY | _ | 11/20 | | E CITY OR COUN | | |
| 7 20 25 | (| OUNTRY) Md | | USA | | MARRIE | | | MORE CIT | | |
| | 10 C1 | TY OR TOWN OF DEATH | 1 | | HOSPITAL NURS | WIDOWI | DROTHER INSTITUTION | 120 USUALO | | | OF BUSINESS OR |
| 100 of the | В | ALTIMORE | | JOHNS | HOPKINS | HOSPI' | | | FOR MOST OF WORKING | | |
| 212 | 13a. S | L RESIDENCE (IF NURSING TATE | HOME OR O | | 130 CITY OR TO | | 134 INSIDE CITY LIMITS? | 13e STREET AL | DDRESS / ZIP CO | ODE | |
| MARYLAND | | RYLAND | | | BALTI | MORE | AER UO | | MOUNT | ST. 2 | 209 |
| E | 14. FA | THER'S NAME | MI | DDLE | LAST | | 15. MOTHER'S MAIDEN N | NAME | MIDDLE | L7 | AS1 |
| A SHIP STATE | 1 | Blaine | | Hoyle | | | Mildred | | ovle | | |
| # # 5 5 5 1 | | AS DECEASED EVER IN | | ED FORCES? | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | | ADDRESS | | |
| TIMO on o | | | | | | | Gordon Hoy | le 4410 | Pall Mal | 1 Rd. 21 | 1215 |
| BALTIMOR One be exectly system and opers. Page val. | | 18 CAUSE OF DEATH | Enter only | one couse per | line for (o), (b), o | ond (c .) | | | | APPRO BETWEEN | NONSET AND DEATH |
| Phy wen | | PART I. DEATH WAS | | CAUSE (o) | Curlina | am | ect | | | | 5 mms |
| ON ding | 31 | | | DUE TO, O | R AS A CONSEQ | UENCE OF | | | | | |
| deot deot deot fron, aum | 13 | Conditions, if ony, w | | (b)_ | Cadio | Sen | tra Shor | K | | | 10 hrs |
| W. PRESTON S of the death cert of the death cert or the attending cremation, or re other traumatic e | | gove rise to immed couse (o), stoting | the | DUE TO, O | R AS A CONSEQ | UENCE OF | | | 1 | | , |
| that that that d by edse al, cr | | underlying couse | lost. | (c)_ | Aute | My | rocadial | tato | notion | | 2 ms. |
| RDS, 20 | NO | PART 2. OTHER SIGNIF | CANT CO | NDITIONS <u>C</u> | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TE | RMINAL DISEASE | OR CONDITION | GIVEN IN PART 1 | 10 |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low requir outending physician. Ifter this certificate has been signost the burial-transit permit. When th and Mental Hygiene prior to b arked or Item 18 shows any injusy | CERTIFICATION | 190 DATE OF OPERATIO | Ν | 196 COND | ITION FOR WHIC | H OPERATIC | N WAS PERFORMED | 200 AUTOF | IN CEF | YES, WERE FIND RTIFYING CAUSE YES [] | |
| OF VITA CLAN. TI CLAN. TI I physical ratificate and Hyginate m 18 sh | | 210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU | SE OF DEATH | 21b. TIME C HOUR A. | M. MONTH | DAY YEAR | 21¢ HOW INJURY OCCU | JRRED (ENTERNATE | ire of injury in item | 18 PART I OR PART 2) | |
| HYSh ding ding ding ding ding | MEDICAL | 21d. INJURY OCCURRED | | 21e. PLACE | OF INJURY | | 211 LOCATION | | CITY OR TOWN | COUNTY | STATE |
| VISI G P onter ond ked | × | WHILE NOT WHILE | | (AT HOME STI | REET FACTORY, OFFICE | FARM, ETC) | ZIKEFI | | CHYORIOWIA | 2001414 | STATE |
| TTENDIN pritol or TOR. Aff for use or of Health | | 220 I certify that (f) (the saw the deceased obove (f) (we) (did) | live on_ | Decemb | m 7 19. | 6 | nd that in (my) (our) opinion | | on the date and I | | , that (I) (we) lost e couses stated |
| OR A OR A DIREC Oched Dept. | | 22% SIGNATURE | (did fior) | view ine dody | Office disorti. | | DEGREE | | | 22c. DAT | E SIGNED |
| 7-5 7-6 - | | S=R10 | ١ | | | | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF PHYSICIAN | = 121. | 28/35 |
| HOSPITAL ned by th FUNERAL sld be det the Stote ORTANT: | | 22d. PHYSICIAN'S NAM | TYPE OR P | PRINT) | 7 | | 22e ADDRESS | ` | , | | - |
| 0 - 0 | | STEVEN | R. | 200 | 25 | | Jodas 1 | tostius | Hosp | stal | |
| of Short Sho | | URIAL, CREMATION, REA | MOVAL | 23b. DATE | 230 | NAME OF C | EMETERY OR CREMATOR | Y 23d LOCAT | ION | | |
| BP | (| Burial | 7.7 | 12/30 | /85 M | . Aub | urn Cem, | | stport | Md. | STATE |
| ASSES CONTRACTOR | 24 FL | INERAL DIRECTOR | | | | 110 | | ATE REC'D. BY RE | GISTRAR 256 REG | SISTRAR'S SIGNA | ATURE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | Chas.A.Rice | FSI | PA 1300 | Eutaw I | Place | | JAN 2 | 1500 gu | ha Davidsor | -flanders |
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STATE OF MARYLAND FOR 1 - STATE CEDTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 5 | 3 | 3 | 0 | 1 | |
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| - 1 | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
|-----|---------------|---|---|----------------------------------|--|---|
| | | CEASED NAME FIRST | MIODEE | LAST | 20. DATE OF DEATH MONT | H DAY YEAR 26 HOUR |
| | | TERR | | LIFTON | | 1-1985 7:45 AM |
| | 3. SEX | 1111- | RACE | S. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DATS HOURS MIN. |
|) | / | MALE | NEGROID | Jan. 11, 1905 | | YRS |
| | 7a BIF | RTHPLACE (STATE OR FOREIGN 7) | CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR CO | UNTY OF DEATH |
| 1 | No | rth (arolina) | U.S.H. | WIDOWED DIVORCED | Dalto, | 1 TI MD. |
| 4 | 10.61 | TY OR TOWN OF DEATH | NAME OF HOSPITAL, NURSING (IF NO) IN SUCH FACILITY, GIVE STREET A | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK | 126 LIND OF BUSINESS OR (ING LIFE) INDUSTRY |
| Ž | Z | 59/10. | CHURCH HOL | ME HOSP. | Ketred | INdus try |
| - | 13a. S | AL RESIDENCE (IF NURSING HOME OR O: TATE 136 COUNT | THER INSTITUTION GIVE RESIDENCE BEFORE Y 13c CITY OR TOWN | | 13e STREET ADDRESS / ZIP | CODE 21213 |
| 0 | 14 FA | THER'S NAME | IODIE LAST | 15. MOTHER'S MAIDEN N | NAME | (AST |
| 2 | 1 | Villiam | Terry | NAN | NIE CO | 16 |
| | | VAS DECEASED EVER IN U.S. ARMI | ED FORCES? 466 SOCIAL SECUI | | TERRY 16 | 22 WOLFEST. |
| | | PART I. DEATH WAS CAUSED | one cause per line for ra), (b), ond BY: CAUSE (a) SEPSIS | d (c· | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | IMMEDIATE | | _ | | |
| | | Canditions, if any, which | DUE TO, OR AS A CONSEQUE | | HEART FAILU | DE |
| | | gave rise to immediate cause (a), stating the | | | HEART PAILE | RF. |
| | | underlying cause last. | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| | | PART 2. OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO D | DEATH BUT NOT RELATED TO THE TER | RMINAL DISEASE OR CONDITIO | N GIVEN IN PART 110 |
| | NO N | | | | | |
| 7 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\) |
|) | E C | 21a. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | JRRED (ENTER NATURE OF INJURY IN IT | M 18 PART OR PART 2) |
| 7 | | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MONTH DA | 19 | | |
| | MEDICAL | 214 INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| | E | WHILE NOT WHILE | AT HOME STREET FACTORY, OFFICE FA | ARM, ETC.) | | |
| | | 22a I certify that (I) (this haspita | Dattended the deceased from | 2-2 , 19 85 | 12-31 | 19_85 that (I) (Pe) last |
| | | sow the deceased alive on above, (I) we (did) (did) (did) (did not) | 12-31 19 8 | ond that in (my) (our) aprinio | an death accurred an the date an | d haur and fram the causes stated |
| | | 226. SIGNATURE | IN PI | DEGREE | | 224 DATE SIGNED |
| | | Lusument | 1. Ceredy | ATTENDING PHYSICIAN | | 12/31/85 |
| | 9 | 17d PHYSIC AN'S NAME (TYPE ORF | PRINT) | Me ADDRESS CHUR | CH HOSPITAL | CORP. |
| | | LUZVIMINDA | K. PEREDO M.D | | ADWAY BALTIM | ORE MD. 21231 |
| | | CHALL CREMATION, REMOVAL | 236. DATE 231 N | NAME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY |
| | X | emova) | 1-7-06 / | EIHEE CEM. | KOCKINGH. | an N.C. |
| | Z4 FU | INERAL DIRECTOR | AODRESS | 14/24, 1500 | ATE REC'D. BY REGISTRAR 256. R | egistrar's signature |
| | (| ALVIN D.D. | CRU66S | Treson 54 J | AN 4 1986 3 | and am lates - Mariagas |

DHMH - 16 60M 7/84 (VRA 15, 4)

should be described for use as the buriot-transit permit. Then please remove carbon-popers, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. MAPOPTART if below to the contract of th If them 21 is morked or them 18 shows any injury, or other troumotic event, the

005014 1- STATE REGISTRAR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21/201

STATE OF MARYLAND DEPAR

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| TMENT OF HEALTH AND MENTAL HYGIENE | O | 2 | 0 | V | |
| CERTIFICATE OF DEATH | | 050 110 | | | |

| | | | | | REG. NO. | | | |
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| | CEASED NAME FIRST | | MIDDLE | LAST | 20 DATE OF DEATH M | ONTH DAY YEA | 26 HO | UR |
| (,,,,, | Jan | 55 | LC | OATES | 12 | 2084 | 125 | DM |
| 3 SE | | 4 RACE | 5 DATE | OF BIRTH | 6 AGE IN YEARS LAST BIRTH | DAY) IF UNDER 1 Y | AR IF UNDE | R 24 HRS |
| | m | R | MONT | | 6 | MONTHS DA | 75 HOURS | MIN. |
| F 01 | IDTUDI A CE | | | ne 29, 1922 | | YRS. | | |
| | IRTHPLACE STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? 8. MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY OR | | | |
| Ba1 | timore, Md | | 1 S A. WIDOW | - Insul | 1346) | 10.017 | | MD. |
| 10 C | ITY OR TOWN OF DEATH | | HOSPITAL, NURSING HOME (| OR OTHER INSTITUTION | 120 USUAL OCCUPATIO | | D OF BUSIN | 4ESS OR |
| | BYLTU. | | mod Have Ho | SPITAL | Retire | | 0- | |
| | AL RESIDENCE (IF NURSING HOME O | R OTHER INSTITUTION | GIVE RESIDENCE BEFORE ADMISSION) | | 1 | | | .90 |
| Md | March 2 | None | Baltimore | YES DO D | 13e STREET ADDRESS / 1 | ord Ave. 2 | 1215 | |
| | ATHER'S NAME | None | Даг | 15 MOTHER'S MAIDEN NA | | OLU AVE. 2 | 1215 | |
| | James L Lero | y Coates | LAST | FIRST | t Dorsey | | LAST | |
| | VAS DECEASED EVER IN U.S. AF | | 166 SOCIAL SECURITY NO. | 17 INFORMANT | ADDRES | S | | 0 |
| Ye | s 133549650 455 6 | VE WAR OR DATES) | 213-18-3912 | Julia Coates | s, 2824 Oakf | ord Ave. 2 | 1215 | |
| | 18 CAUSE OF DEATH (Enter o | nly one couse per | line for (o), (b), and (c) | | | APP | ROXIMATE INTI | ERVAL ID DEATH |
| | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI | ED BY: TE CAUSE (o) | GASTROINTE | -crinke Bi | (22) | | Ha. | |
| 2.1 | IMMEDIA | | | 77.7. | | | | |
| | Carlos V | DUE TO, O | RAS A CONSEQUENCE OF | L CANCED | | - | | |
| | Conditions, if ony, which gove rise to immediate | (p) | COCONCECIA | IC CAMCEN | | | | |
| | couse (a), stoting the underlying couse lost | DUE TO, O | R AS A CONSEQUENCE OF | | | | | |
| | onderlying coose ibsi | (c) | | | | | | |
| 7 | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CONDI | ITION GIVEN IN PAR | lio | |
| CERTIFICATION | | | | | | | | |
| CA | 190 DATE OF OPERATION | 19b. COND | TION FOR WHICH OPERATIO | ON WAS PERFORMED | 28a AUTOPSY? | 20b IF YES, WERE FIN | IDINGS USE | ED ATH2 |
| THE | 1500 Sect. 1 | | | | YES NO | YES 🗌 | NO [| |
| S | 210. ACCIDENT WAS UNDERLYING | 21b. TIME O | FINJURY M. MONTH DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | IN ITEM 18 PART I OR PART | 2} | |
| | OR CONTRIBUTING CAUSE OF DE | AIR | | 1.0 | | | | |
| MEDICAL | 21d. INJURY OCCURRED | 21e PLACE | | 21f. LOCATION | | 9178 | | |
| A | WHILE NOT WHILE | (AT HOME STE | PEET, FACTORY OFFICE FARM ETC] | STREET | CITY OR TOWN | N COUNTY | | STATE |
| | 22a-1 certify that (1) (this hosp | (a - 1) - aa da d ab | 12/1 | 10 88 | 10 12 120 | 10 575 | | |
| | sow the deceased alive or | to 0 m | 0 | nd that in (my) (our) opinion | | | _, that (h) | |
| 12 | obove, (I) (we) (did) (did no | ot) view the body | ofter death. | | - | | | |
| -13 | 27h SIGNATURE | 17 | , « | DEGREE ATTENDING | MEDICAL STAFE | | ATE SIGNED | |
| | Menn | 1 10 | un | | MEDICAL STAFF DIRECTOR PHYSICIA | AN [] | 1/201 | 15 |
| | 226 PHYSICIAN'S NAME (TYPE | | | 22e ADDRESS | | | | |
| | MERR, | 11 J. | EGORIN | u of mo, | cancer c | CENTER. | | |
| | BURIAL, CREMATION, REMOVAL | 23h DATE | 230 NAME OF C | CEMETERY OR CREMATORY | 23d LOCATION | | | |
| | Burial | 12/ | 23/85 Garriso | on Forest VA | Owings Mi | ills Marvl | | STATE |
| 24 FI | UNERAL DIRECTOR | 1 1-1 | -07 03 Gall 130 | | | B REGISTRAR'S SIGN | | |
| T. | aw Funeral Home | /611 D | ADDRESS | 70 21215 IAN | 10 1000 | 1: Kill | 10-10 | |
| | ~ I duerar nome | +OII P | ark herghes A | AF. STATO JAL | 1 500 gr | MANUAL CON- | 1 | - |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the othending physics should be detached for use as the burial-transit permit. Then please remove carbon poper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low



THE STATE OF STATE OF

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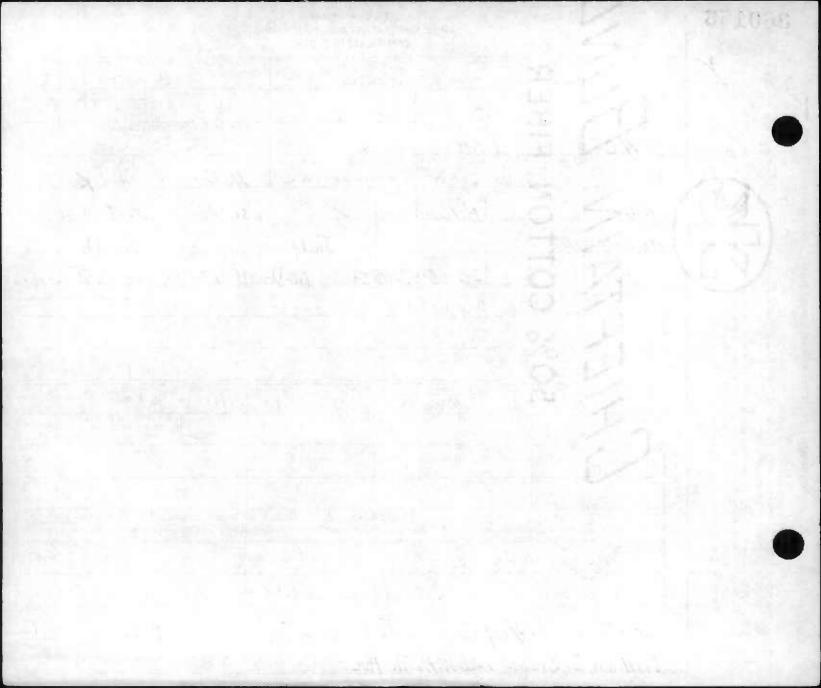
TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after death. Fage 4 may be retained by the hospital or ottending physician. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detoched for use as the buriol-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hymer, that to buriol, cremotian, or removal.

DHMH - 16 60M 7/B4 (VRA 15, 4)

| STATE OF MARYLAND | | Anni | |
|--------------------------------------|---|----------|---|
| ARTMENT OF HEALTH AND MENTAL HYGIENE | 0 | 2 | 0 |
| CERTIFICATE OF DEATH | | REG. NO. | |

| 1 | | | STATE OF MARYLAND | and the | 7 7 5 7 7 | | | | |
|--|--|---|----------------------------------|--|---|--|--|--|--|
| 11. | FOR - STATE | DEPARTM | ENT OF HEALTH AND MENTAL | HYGIENE S | 0 0 0 7 0 | | | | |
| | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | | | | | |
| 1 DE | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR | | | | |
| | E OR PRINTI | | 6-21- | 1.0 | 1000 | | | | |
| | SALLIE | | COBLE | 12 | 1485 1.00 | | | | |
| 3. SE | × / 4 | RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS | | | | |
| | | 6 | 05 09 00 | | | | | | |
| | IRTHPLACE (STATE OR FOREIGN 78 | CITIZEN OF WHAT COUNTRY? | B | 9 BALTIMORE CITY OR COUN | ITY OF DEATH | | | | |
| | COUNTRY) // C | 11 < A | MARRIED NEVER MARRIED | | Circ | | | | |
| 10.C | ITY OR TOWN OF DEATH | 1. NAME OF HOSPITAL NURSING | WIDOWED DIVORCED | | 12h KIND OF BUSINESS OF | | | | |
| | BACTO. | (IF NOT IN SUCH FACILITY, GIVE STREET A | ODRESS) | (TYPE OF WORK FOR MOST OF WORKING | 1120 11110 01 0001112000 | | | | |
| | | J. L. DEALC | | - Holel | HOUSE REEPING | | | | |
| | AL RESIDENCE (IF NURSING HOME OR O STATE 13b, COUNT | THER INSTITUTION GIVE RESIDENCE BEFORE A | ADMISSION) 13d INSIDECITY LIMIT | S? 13e STREET ADDRESS / ZIP CC | DF - | | | | |
| 4 | MI). | | ~e YES D NO [| 634 Musher | St. et 21217 | | | | |
| 14 FA | ATHER'S NAME | | 15 MOTHER'S MAIDEN | | | | | | |
| | 11 al Statement MI | DDLE LAST | Tenst 1 | MIDDLE | Suit! | | | | |
| 16a V | WAS DECEASED EVER IN U.S. ARM | ED FORCES? 1166 SOCIAL SECUR | RITY NO. 17 INFORMANT | ADDRESS | JMLIN | | | | |
| | YES NO OR UNIXAOWN) (IF YES GIVE | | una de la casa | 7 11 | 1 -1- | | | | |
| | NO | 742-05-4 | 1241 Sevie NI | - Voxbed 634 Mos | her Street 2121 | | | | |
| | 18 CAUSE OF DEATH (Enter only | one cause per line for (a), (b), and | tc12 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b). AS PIRATION | | | | | | | | |
| 17 | G17 IMMEDIATE | | | | | | | | |
| | 1/2 | DUE TO, OR AS A CONSEQUE | NCE OF | | | | | | |
| | Conditions, if ony, which gave rise to immediate | (p) | | | | | | | |
| couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. | | | | | | | | | |
| | underlying couse lost. | ((c) | | | | | | | |
| | PART 2. OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING TO D | EATH BUT NOT RELATED TO THE | TERMINAL DISEASE OR CONDITION | GIVEN IN PART TO | | | | |
| CERTIFICATION | Coag wood | thy, Decubi | tus ulca, | Mulfinde CVF | +15 | | | | |
| 4 4 | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH O | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b IF | YES, WERE FINDINGS USED | | | | |
| 5 | NONE | | | | TIFYING CAUSES OF DEATH? | | | | |
| 1 2 | 210 ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21a HOVE INTURY OF | YES NO | YES NO | | | | |
| | OR CONTRIBUTING CAUSE OF DEATH | | Y YEAR | CURRED (ENTER NATURE OF INJURY IN ITEM | 8 PART I OR PART 2) | | | | |
| N N | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | | | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA | 211 LOCATION | CITY OR TOWN | COUNTY STATE | | | | |
| 2 | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE FA | KW EIC) | CIT GIL TOWN | 314.6 | | | | |
| | | attended the deceased from | ocember 2 19 8 | 35 10 December 14 | 19.65 that (In (we) los | | | | |
| | saw the deceased alive on | Dreember 14,8 | 5 and that in (my) (aur) and | nion death occurred on the date and h | I, 19 E1 3 , that (II (we) los | | | | |
| 1 | obove, (I) (we) (did) (did not) | view the body ofter death. | , one mor in (my) (our) opt | mon debili occurred on the dote and r | | | | | |
| | 226 SIGNATURE | 01101. | DEGREE | | 221. DATE SIGNED | | | | |
| | Mexicalas | Beth Truck | Buy PHYSICIA | | 12/14/85 | | | | |
| | 22d. PHYSICIAN S NAME (TYPE OR F | PRINT) A.O. | 22e ADDRESS | | | | | | |
| | MOLISSU | B. FRINGLE | and Hurrone | ity Health 10: | ter 120 S. GRE | | | | |
| | Trichi - ori | | out outlos | | 0 0 120 3:0150 | | | | |
| 23a 8 | BURIAL, CREMATION, REMOVAL | 236 DATE 236 N. | AME OF CEMETERY OR CREMATO | DRY 23d LOCATION | COUNTY CLASS | | | | |
| | Cremation | 12/18/85 11 | 25/VIEW Crains | Teny | allimoire mal | | | | |
| 24 FL | UNERAL DIRECTOR | 1 | 250 | DATE REC'D. BY REGISTRAR 25b. REG | | | | | |
| | 17:11: 0 0 | 1 11/ 120/ ADDRESS / | TIA | DEC 23 4000 | in Davidson-Randelle | | | | |
| | WHILLIAM L. Dr | DUN 1006 W.NO | MIN TIVE | 0 1900 A | | | | | |



| | | FOR |
|---|---|-----------|
| 1 | - | STATE |
| | | REGISTRAR |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 2 | 0 | 0 | 0 | 1 |
|---|---|---|---|---|
| | | | | |

| 00 | | | + |
|-------|------|---|---|
| n, be | 9000 | 1 | 4 |
| 1 | | 1 | |
| P. | 4 | | 1 |

2a DATE OF DEATH DELEASED WAME 7h HOUR CTOPE CHESING Lewis В. Cockey 3.58 X 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) OCT. 30, 1907 MALE WHITE 78

To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARYLAND U.S.A.

MARRIED NEVER MARRIED

9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City,

Baltimore

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DISPATCHER

12b KIND OF BUSINESS OR TAXICAB

MARYLAND

21218

BALTIMORE

Union Memorial Hospital

13e STREET ADDRESS / ZIP CODE 205 E. 30 th

21218

14 FATHER'S NAME

JOHN

COCKEY

ETHEL 17 INFORMANT

MARIE

LUTZE

220-05-5671CARYL L. NAYLOR MONKTON, MD

21111

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY ARDIAC ARREST menerte DUE TO OR AS A CONSEQUENCE OF CARCINOMA METASTATIC Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF CARCINO MA RDSTATTE CONDITIONS CONTRIBUTING TO DEATH BUT NOT

| 19 84 | Bludder Obstruction for | | 200 AUTOPSY? | 20b. IF YES, WERE FINE IN CERTIFYING CAUS YES | |
|---|---|------------------------|---------------------------|---|-------|
| 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 216 HOW INJURY OCCURRI | ED (ENTER NATURE OF INJUR | y in item 18 part 1 Or part 2 |) |
| 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) | 211 LOCATION STREET | CITY OR FO | VN COUNTY | STATE |

obove, It (we) (did) did not; view the body ofter death DEGREE

PHYSICIAN DIRECTOR PHYSICIAN

20 DATE SIGNED Dec 30

Mark J. Furin, M.D.

22e ADDRESS

Union Memorial Hospital

23a. BURIAL, CREMATION, REMOVAL CREMATION

231. NAME OF CEMETERY OR CREMATORY

GREEN MOUNT CEMETERY BALTIMORE, MARYLAND

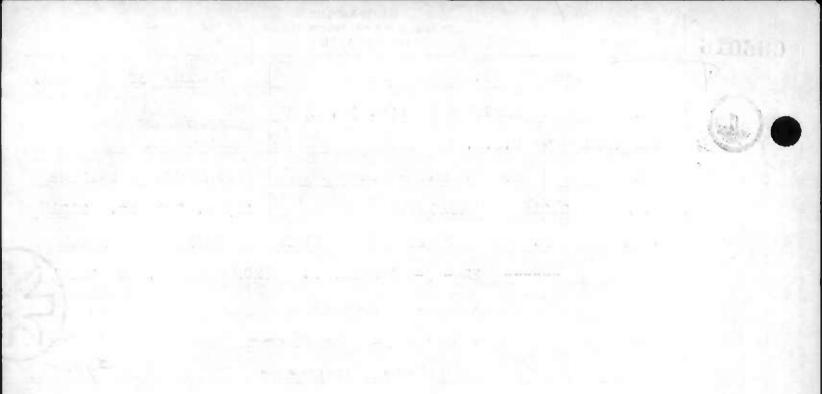
24 FUNERAL DIRECTOR

E. JOHNSON8521 LOCH

JANO 2 1986

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT:



3. RETAIN PAGE SHOULD BE FILED DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTEK UR RECUTED CERTIFICATE, WRITING THE WORD "PRODING" IN PERCUI. IN ITEM 18. GIVE PAGE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PRRANIT, PAGES I, A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

| | | SIAI | E OF MAKILAND | | |
|-----|--|--|--|--|-------------------------|
| 1 | FOR | DEPARTMENT OF H | EALTH AND MENTAL HYGIE | 手 コ | 0 / 3 |
| | - STATE REGISTRAR | MEDICAL EXAMINE | R'S CERTIFICATE OF DE | ATH REG. NO. | |
| h | 1. DECEASED NAME FIRST | WIDDLE | IAST | REO. 110. | |
| I. | (TYPE OR PRINT) | THE DEE | th31 | OF ESTI- MONTH | DAY YEAR 26. HOUR |
| 1 | BERNARD | | COLE | DEATH MATED 12 | 24 19 85 M |
| 3 | 3. SEX 4. RACE 5. DAT | TE OF BIRTH / 16. AGE (IN YEAR | IF UNDER 1 YR. IF UNDER 24 HRS. | 2c. DATE MONTH | DAY YEAR 2d HOUR |
| | NI OU II MON | TIN PAY /2 YEAR LASS BISTHDAY | | PRONOUNCED | 8.58 |
| 1 | MAIL SHOP 9 | 176/26 77 YRS | 5. | DEAD 12 | |
| T | 7a. BIRTHPLACE (STATE OR 7b. CT. | TIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | TY OF DEATH |
| 1 | STOREGUE OUT IN COLOR | 12. S. M. | WIDOWED DIVORCED | Delliness Cite | |
| + | CHOOL O'CO'T AND | 001 3.141 | | Baltimore City | |
| 1 | | AME OF HOSPITAL, NURSING HOME, | | UAL OCCUPATION (TYPE OF WORK MOST OF WORKING LIFE) | OR INDUSTRY |
| 4 | | 24 N. Amity St. | | | |
| a t | USUAL RESIDENCE (IF IN NURSING HOME OR OTHER | | ν) | | |
| 1 | 130 STATE 136 COUNTY | 12- SITY OR JOWN | | EEL ADORESS | 71772 |
| L | Mg | nautin | YES NO 1 | 14 Hwite | 6- 1 600 600 0 |
| î | 14. FATHER'S NAME | 1 0 | 15. MOTHER'S MAIDEN NAM | | |
| ď | FIRS MIDDL | it a land | FIRST | MIDDLE | LAST |
| 4 | SOPACE | | | | |
| ľ | 160. WAS DECEASED EVER IN U.S. ARMED FO | | NO. 17. INFORMANT | ADDRESS | 1 |
| L | (100,000 | 1220-14- | 230-6110 | 10-124 An | within |
| F | The Course of Printing | - U | THE CALL | | APPROXIMATE INTERVAL |
| L | 18 CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY: | | | | BETWEEN ONSET AND DEATH |
| 1 | IMMEDIATE CAU | Seizure disc | order | | |
| L | | DUE TO, OR AS A CONSEQUENCE O | | | |
| Н | Conditions, if ony, which | | | | |
| П | gove rise to immediate | (b) | | | |
| ı | | DUE TO, OR AS A CONSEQUENCE OF | F | | |
| I | lying couse lost. | (a) | | | 10 miles |
| L | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU | UTING TO DESTU BUY MAY BELLEVED TO THE TRAVEL | | | |
| ı | | JIING TO GEATH BUT NOT RECATED TO THE TERMIN | IAL DISEASE OR CONDITION GIVEN IN PART 1 a | | |
| I | ō | | | | |
| | 190 DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERA | TION WAS PERFORMED? | | 20 AUTOPSY? |
| 1 | 5 | | | | |
| 4 | 190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS | | | | YES NO X |
| 1 | 210 EXTERNAL CAUSE WAS | 116 TIME OF INJURY HOUR A.M. MONTH DAY YEAR | 21c. HOW INJURY OCCURRED (ENTER | NATURE OF INJURY IN ITEM 18 PART I OR PA | RT 2) |
| | UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | | | |
| 1 | UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH | 21e PLACE OF INJURY (AT HOME. | 21f. LOCATION | | |
| 1 | WHILE NOT WHILE | STREET, FACTORY, FARM, ETC.) | STREET | CITY OR TOWN CO | UNTY STATE |
| | AT WORK AT WORK | | | | |
| H | | | | | |

22a. I certify that I took charge of the remains described above, held on Notural causes X deoth resulted from Accident

Inspection X. Homicide Suicide Undetermined monner

TITLE (SPECIFY)

and in my opinion

ACTUAL SIGNATURE

Assistant_MEDICAL EXAMINER

DATE 12-25-85

EXAMINER'S NAME

Ann M. Dixon, M.D.

111 Penn St., Balto., MD 21201

| BP | |
|-----------------|--|
| DHMH - 17 | |
| (VR A15 ME (5)) | |

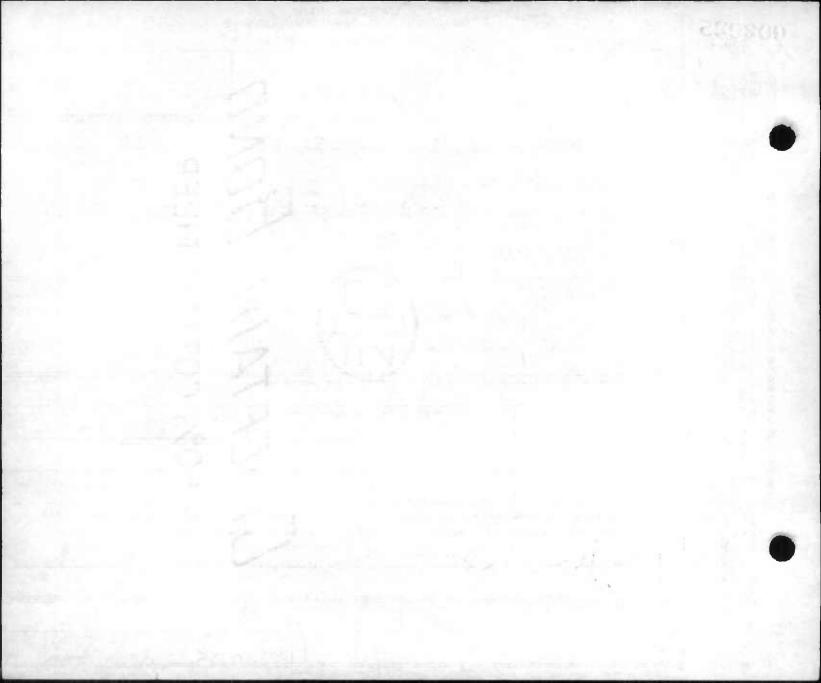
07/84

25M

24 FUNERAL DIRECTOR

23d LOCATION 256. REGISTRAR'S SIGNATURE 25a. DATE REC'D. BY REGISTRAR

STATE



| e 4 moy be | ctor. page 3 s after death | i |
|---|--|---|
| ter deoth. Pag | he funeral dire | fled profile |
| Carhairs of | Filled in by 1 heald be filled | Hogan |
| example of | ond competer | edical |
| certificate be | ing physician or repopers. Programmer removal. | ic event, the m |
| hat the death | by the attend ase remave ca I, cremation, o | other fraumot |
| aw requires t | s been signed irmit. Then plea | any injury, ar |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be extented with Tarbuins after death. Page 4 may be retained by the baserial or offending observation. | TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and compare all in by the funeral director, page 3 should be detached for use as the burial-transist permit. The manyer carbon popers. Pages 1 and 2 mouth by filed within the ris after death with the State Deat, of Health and Mental Husane prior to burial, cremation, or removal. | IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medicals and the medicals and the medicals are the statement of the medicals and the statement of the medicals are the statement of the |
| TENDING PHY | TOR: After this ar use as the b | 21 is marked or |
| PITAL OR AT | VERAL DIRECT be detached in State Dept, o | ANT: If Item 2 |
| TO HOS | TO FUN | IMPORT |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

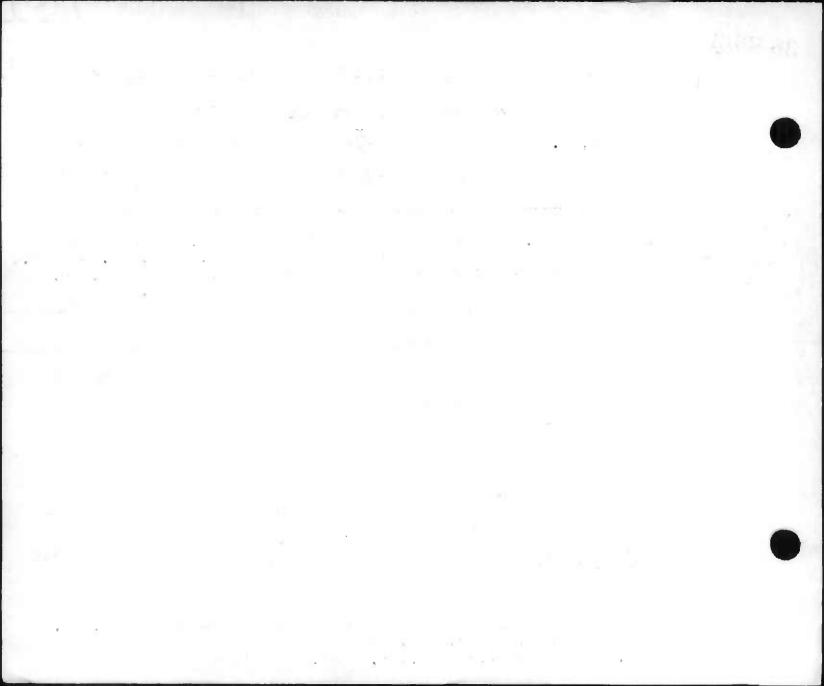
FOR - STATE DEP DECISTRAD

| STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE | 3 | 5 | 3 | 3 | 0 | 1 | 1 |
|--|---|--------|---|---|---|---|---|
| CERTIFICATE OF DEATH | | DEC NO | | | | | |

| | 1 | NEO IO TRAK | | | | REG. NO |). | | | | | |
|----|---------------|--|--|-----------|------------------------------|---|---------------------------|--|------------|----------------|--|--|
| V | 1. DEC | EASED NAME FIRST | MIDDLE | LA | | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOU | R | | |
| 0 | | Helen | Charlotte | C | OLE | 12 - | 23 | - 85 | 80 | | | |
| | 3. SEX | | 4 RACE | 5 DATE O | BIRTH YEAR | 6 AGE (IN YEARS LAST BIRT | (HOAY) IF U | ITHS OAYS | HOURS | 24 HRS MIN, | | |
| | 1 | Female | White | 1 | 13-06 | 79 | YRS. | UA13 | HOURS | Mille. | | |
| 1 | | THPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY O | R COUNTY OF | DEATH | | | | |
| 5 | | l'timore, Md. | USA | WIDOWE | | BALTIA | | CIT | Y | MD. | | |
| 3/ | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET) | | OTHER INSTITUTION | 12a USUAL OCCUPATE | | 12b. KIND O | F BUSINE | SSOR | | |
| | | ALTIMORE | 2613 E.FAY | ETT | E ST | HOMEMA | | 140 | 3 M | | | |
| L | 13a. S | | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c, CITY OR TOW | | 134 INSIDE CITY LIMITS? | 13e.STREET ADDRESS / | ZIP CODE | | | > ¥ | | |
| 2 | M | ARYLAND | BALTIM | ORE | YES NO | 13. STREET ADDRESS / | YETTI | E ST | 212 | , | | |
| | 14 FA | THER'S NAME | | | 15. MOTHER'S MAIDEN NAM | /E | | | | | | |
| 1 | 1 | Joseph | L. Mills | | Sadile | M. | J | enkir | าร | | | |
| / | 16a W | AS DECEASED EVER IN U.S. AR | F 11110 CO D 1 1111 | RITY NO. | 17. INFORMANT & Edi | ward Tadde | ole, i | St | -Bal | to. | | |
| | 17 | O OR UNKNOWN) (IF YES, GI | 220-14- | 6324 | PATIENT2 | 613 E. Fa | yette | St. | Md. | | | |
| | | 18. CAUSE OF DEATH (Enter or | nly one couse per line for (a), (b), one | dicii | | | 224. | BETWEEN (| MATE INTER | VAL DE ATH | | |
| 1 | | PART I. DEATH WAS CAUSE | TE CAUSE (a) RT H | EART | FAILURE | - | | JW | KS | | | |
| | | | DUE TO, OR AS A CONSEQUE | NCE OF | | | | | | | | |
| | | Conditions, if any, which | HYPERT | ENSIV | E CARDIO V. | ASCULAR | DIS, | 20) | YRS | | | |
| | ш | gove rise to immediate | | | | | | | | | | |
| | | couse (a), stating the underlying cause last | | | | | | | | | | |
| | | | (c) | | | | | | | | | |
| | Z O | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | | |
| 1 | AT | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH | | WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, W | | | | | |
| 7 | CERTIFICATION | | | | | YES T NOT | IN CERTIFYIN | G CAUSES | OF DEAT | | | |
| | ERT | 710. ACCIDENT WAS UNDERLYING | 7 716 TIME OF INJURY | | 21c. HOW INJURY OCCURRI | | | LOR PART 2) | | | | |
| 1 | | OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MONTH DA | | | (2.112.113.113.113.113.113.113.113.113.11 | | | | | | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | | 19 | NU LOCATION | | | | | | | |
| | MED | 21d INJURY OCCURRED | 218 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, F. | ARM ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | 5 | TATE | | |
| | | AT WORK AT WORK | | | | | | | | | | |
| | | 22a I certify that (I) (this hosp | rtal) ottended the deceosed from_ | ~ m | 19_79_ | , to UEC | 2.3 19. | | that (I) (| | | |
| | | sow the deceased alive on above, (1) (www.) (alid) (did no | DEC 13 19 S | , on | that in (my) (sum) opinion d | leath occurred on the do | ite and hour ar | id from the | couses sto | ited | | |
| | | 226. SIGNATURE | | C | EGREE | | | 226 DATE | SIGNED | | | |
| | | Social H. He | rold m.D. | | ATTENDING PHYSICIAN | MEDICAL STAF | F IAN [] | 12/: | 23/ | 85 | | |
| 1 | | 224 PHYSICIAN'S NAME (TYPE | | | 22e ADDRESS | | at D | | A | | | |
| | | PAUL G, HE | ROLD, M.D. | | 2912 O'D | DNNELL | 57,13 | ALT, | MI | | | |
| | | URIAL, CREMATION, REMOVAL | . 236 DATE 23c. N | AME OF CE | METERY OR CREMATORY | 23d LOCATION | | 21.11.12 | | | | |
| | | Burial. | 12/26/85 M | orelo | nd Memoria | l Park- B | altimo | ore, | Md. | IAIE | | |
| | 24 FU | INERAL DIRECTOR JOHN | A. Moran, Inc | c.Fur | eral Homeate | REC'D. BY REGISTRAR | 25b. REGISTRAI | R'S SIGNAT | URE | | | |
| | RO0 | DO"E. Baltim | ore St.; Balto. | .,Md. | 21224. DF1 | 26 1985 | Tung Ban | dres-th | andell | 2 | | |
| | | | | | | - 1 M 1 M 1 M | The state of the state of | A STATE OF THE PARTY OF THE PAR | | - | | |

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(VRA 15, 4)



ector, page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

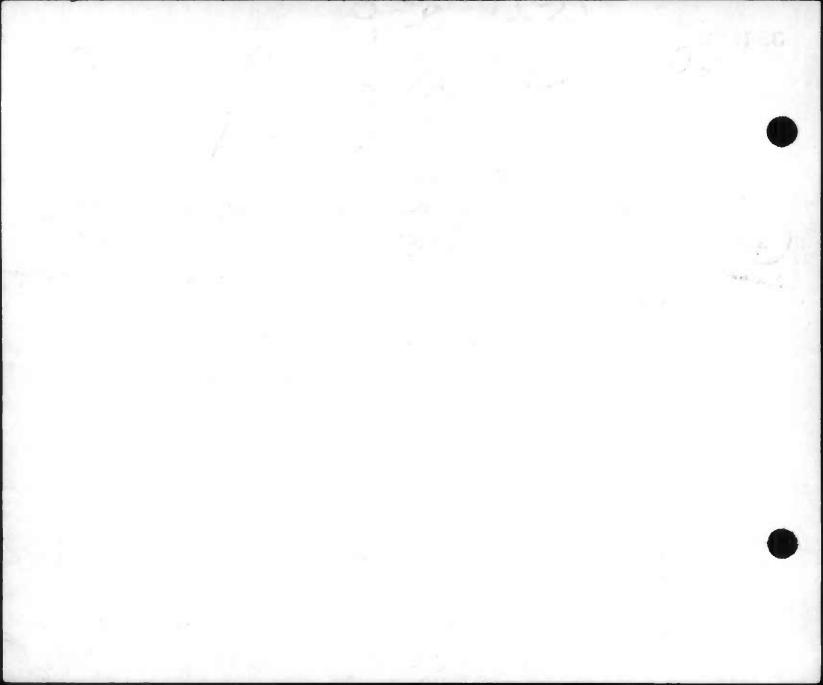
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

| | FOR STATE REGISTRAR | | EALTH AND MENTAL HYGI ICATE OF DEATH | REG. NO | 000 | |
|----|--|---|---|--|----------------------------------|--------------------|
| 9 | 1 DECEASED NAME FIRST | MIDDLE L | ASI | 7 | MONTH DAY YEAR | 26 HOUR |
| ١ | ROBERT | r 4 CD | 16 | | 2 16 85 | 10.20 |
| 1 | | RACE O S DATE O | DE BIRTH | 6 AGE (IN YEARS LAST BIRTH | 2 16 85 HOAY) IF UNDER 1 YEAR | IF UNDER 24 HRS |
| 1 | 7 0- | Block TOY | 18 18 in | (-/ | MONTHS DAYS | HOURS MIN. |
| J | Temale | Crock 8 | 28 / 7/9 | Q 600 | YRS | |
| 1 | M BIRTHPLACE ISTATE OR FOR GIN 76 | CITIZEN OF WHAT COUNTRY? | NEVER MARRIED | BALTIMORE CITY OF | COUNTY OF DEATH | |
| | Maryland | USA WIDOWE | | Dallins | To Com | MD. |
| Ų | 18 GITY OR TOWN OF DEATH | . NAME OF HOSPITAL, NURSING HOME O | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | N 12b. KIND C WOULD INDUSTRY | F BUSINESS OR |
| | BALTIMORE | HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION | Hosp. | Houseur | je | 7-2 : |
| S | 130 STATE 13b COUNTY | 131. CITY OR TOWN | | 13e STREET ADDRESS / | ZIP CODE | 611 |
| 4 | 77) Q - | Dallimore | YES NO 15 MOTHER'S MAIDEN NAM | 161500 | majace // | ney |
| 4 | 14 FATHER'S NAME | DIE 1/ LAS | FIRST | WIDDLE | 11 DIAS | - |
| 4 | William | tockell | Ida | | Hackel | 4 |
| 1 | (YES, NO OR UNKNOWN) (IF YES, GIVE WA | | 17 INFORMANT | ADDRES | ·s e/ . | 7 11 1.0 |
| | 210 | | Janice ? | Tole-16/ | 5 Swymost | all PK44 |
| 1 | 18. CAUSE OF DEATH (Enter only o | ane cause per line far (a), (b), and (c) | | | APPROXI BETWEEN C | MATE INTERVAL |
| 1 | ART I. DEATH WAS CAUSED B | ALISE (a) CARDIDPU | LMONARY | ARREST | 261 | 18 |
| | INVALDIATE C | | | | | |
| | Canditians, if any, which | DUE TO, OR AS A CONSEQUENCE OF (b) PULMONA R | Y EMBOLL | 15 | | |
| 1 | gave rise to immediate | | 7 411002 | | | |
| 1 | cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF | | | | |
| 1 | | (c) | | | | |
| | | nditions <u>contributing to death</u> but | NOT RELATED TO THE TERMI | INAL DISEASE OR COND | ITION GIVEN IN PART ITO | 1 |
| 7 | 194 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 206, IF YES, WERE FINDIN | |
| 7 | 量 | | | YES TO NOT | IN CERTIFYING CAUSES YES | OF DEATH? |
| | 21a ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21c HOW INJURY OCCURR | | | 110 |
| 7 | | HOUR A.M. MONTH DAY YEAR | | and the state of t | | |
| | OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED | P.M. 19 | 211 LOCATION | | | |
| 1 | 21d INJURY OCCURRED | 218 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.) | STREET | CITY OF TOW | N COUNTY | STATE |
| | WHIE NOT WHILE AT WORK | | | | | |
| 1 | 22a I certify that (I) (this haspital) | | - 4 19.85 | ta 12-1 | . 17 | that (1) (we) last |
| | aw the deceased alive an abave, (1) (we) (did) (did nat) vi | 12 · 16 19 8 5 ar | nd that in (my) (aur) apinian a | leath accurred an the dat | e and have and from the | causes stated |
| 1 | III SIGNATURE | | DEGREE | | 22c DATE | SIGNED |
| | 1/41,86 W | al- Kuman | ATTENDING PHYSICIAN | MEDICAL STAFF | ANM 12/1 | 16/85 |
| | 22d PHYSICIAN'S NAME (TYPE OR PRI | INT | 22e ADDRESS | | 7 1-1. | 702 |
| | KRISHNA | PKUMAR | PROU DEN | 1 HOSPI | TAL | |
| | | | EMETERY OR CREMATORY | 23d LOCATION | | 1 |
| | Buriol . | 12/2485 mts | Zion | L'andon | u Balta | ma |
| 1 | IN LINERAL DIRECTOR | 0 | 25a. DATE | REC'D. BY REGISTRAR 2 | Sh. REGISTRAR'S SIGNATI | |
| | Humill B. C. | Ven- 162 Presid | Killowe DFD | 1 8 1085 | Co Davidson-R | endette |
| -1 | | | | A WILLIAM | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

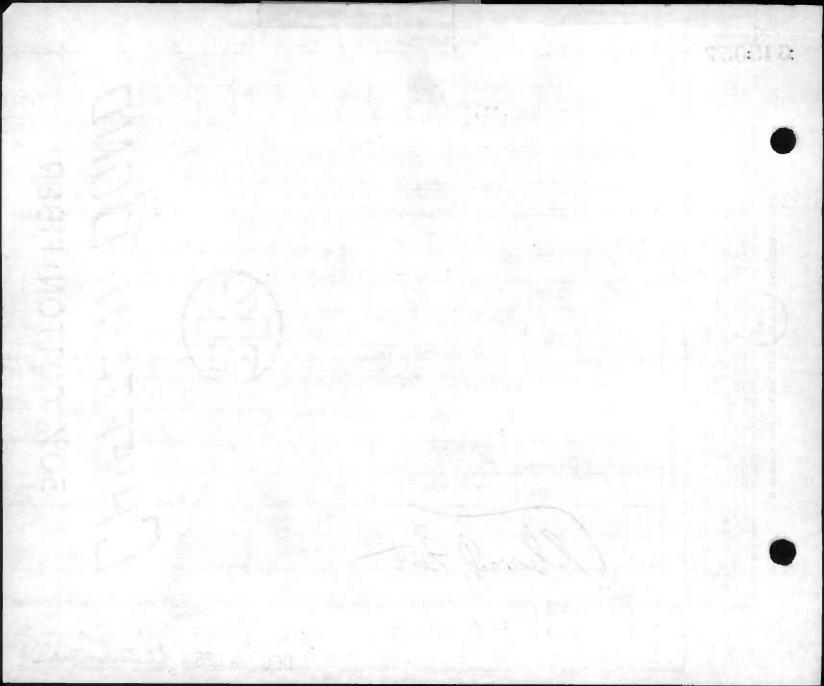
chould be detached to with the State Deprior APORTANT: If there 2



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 3 3 0 / 8

| APPRICA A | EN A SAISIEDIC | CERTIFIC | | TO THE RESERVE |
|------------|----------------|----------|------------------|----------------|
| AP-1116 A1 | EY AMINED'S | CEPTIER | D. T. D. C. Y.L. | THEATH |

| AAA | 104 | | REGISTRAR | | M | EDICAL EXAM | AINER'S C | ERTIFICATE C | F DEATH | REG. NO |). | | |
|--|---|---------------|-----------------------|---------------------------------------|-----------------------|-----------------------------------|--------------------|------------------------------------|-------------------|---------------------------------|-----------------|--------------|--------------|
| まないら | 7 | | CEASED NAME OR PRINT) | E FIRST | | MIDDLE | L | LAST | 20 DA | TE KNOWN | | DAY YEAR | 26 HOUI |
| RSS SE | H, | 1111 | CORPRINT | SHAF | RON | L. | CC | LE | DEA | TH MATED | 12 | 1 19 85 | , |
| PLEASE RECTOR. R FILES. HOURS | STRE | 3 SEX | | 4 RACE | 5. DATE OF BIRTI | YEAR LAST B | (IN YEARS IF UNI | | MIN PRON | OUNCED | MONTH | DAY YEAR | 6:42 |
| 2002 | 200 | | male RTHPLACE (S | White | Apr. 11 | 1963 22 VHAT COUNTRY? | 2 YRS. | | | TIMORE CITY O | 12 1 | . 19 85 | PA |
| FOR WITH | 10 | FC | REIGN COUNTRY) | | U.S.A. | VHAI COUNTRY? | MARRIE | ED NEVER MARR | IED L | timore (| | OFDEATH | 441 |
| Y 15 Y THE R AGE 5 | 11 | M. CI | TY OR TOWN | OF DEATH | 11. NAME OF HO | DSPITAL, NURSING H | | | 120 USUAL OC | CUPATION (TYPE WORKING LIFE) | OF WORK 12t | OR INDUST | TRY |
| BC N | 10 | | altimo: | | | Hospital GIVE RESIDENCE BEFORE AD | DANISSIDAN | | Secret | ary | 1 | nsura | |
| ANY AND 3 RETAIL | 35 | 134.5 | rvlano | 136 COUN | YTY | Hampste | WN | 13d. INSIDE CITY LIMITS? YES NO 18 | | oress Country | Parl | | 21074 |
| WP. T | 3077 | | THER'S NAM | | WIDDLE | | | 15. MOTHER'S MAID | | | | 116 | - |
| EAT SEATON | 700 | 1 | Warre | en 1 | E • | Cummings | S | Linda | | M. | Aln | nony | |
| MO SAGO SAGO SAGO SAGO SAGO SAGO SAGO SAG | 20 | | | DEVER IN U.S. AR | | 166. SOCIAL SEC | | 17 INFORMANT | | 13203REE | ountr | v Par | k Dr |
| E FATTO | OS | Vo | ES, NO, OR UNKN | JWN) (IF YES, GIVE | WAR ORDATES) | 218-78- | -5423 | Scott R. | Cole | | | | |
| W G S | ā | | 18 CAUSE C | OF DEATH (Enter or | nly one couse per lii | ne for (a), (b), and (c) | | SITS S | | | | APPROXIMAT | TE INTERVAL |
| P ON DA | Ž-j | - | PARTID | CATILIALLE CALLE | m 611 | ransected | | c aorta | | | | BETWEEN ONSE | ET AND DEATH |
| T PER T | 55 | / | 815 | O IMMEDIA | | R AS A CONSEQUEN | | | | | | 100 | |
| E 283 | R.F. | | | ins, if any, which | | | | | | | 7.0 | | |
| A NAME OF TRANSPORT OF TRANSPOR | 28 | | | ise to immediate) stating the under | | R AS A CONSEQUEN | NCE OF | | | 7 | | | |
| E-BAXA | ¥ Z | | lying co | use last. | | | | | | | 14 | | |
| SC. S. | N L | | PART 2 OTHER S | IGNIFICANT CONDITIONS | CONTRIBUTING TO DEAT | H BUT NOT PELATED TO THE | E TERMINAL DICEACE | OR CONDITION GIVEN IN PA | AT 1 | | | | |
| BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL EE 3 SHOULD BE USED AS A BUI | HEALTH ANI | NO | | | | <u> </u> | E TERMINAL DISCASE | OR CONDITION DIFFER TA | WI 1 (0) | | | | |
| L RE | 到す | CERTIFICATION | 190. DATE O | FOPERATION | 196. CONE | ITION FOR WHICH | OPERATION WA | AS PERFORMED? | | | | 20 AUTOPSY | ? |
| A 유명분의 | 2 3 | Ĕ | | | | | | | | | | YES 🛣 | NO 🗆 |
| N H N N N N N N N N N N N N N N N N N N | O BI | 2 | | AL CAUSE WAS | | OF INJURY | 21c. HO | W INJURY OCCURRE | D (ENTER NATURE O | OF INJURY IN ITEM 18 P. | ART 1 OR PART 2 | | |
| SE PED | OR TO BURIAL, | X | UNDERLY INCONTRIBUT | G KOR ING CAUSE OF | DEATH 5:05 P. | M. $12-1-1$ | 85 Dri | ver of au | to/fixed | object | impac | ·+ _ | |
| ING ING ISD T | PR | MEDICAL | 21d INTURY | OCCURRED | 71e PLACE | OF INJURY (AT HOA | ME, 21f. LOC | ATION | | | | 100 | |
| PINS C WRIT WARDE | Sold Sold Sold Sold Sold Sold Sold Sold | 2 | AT WORK | NOT WHILE AT WORK | STREET, FA | oad | 01 | Rd. no. o | | n Rd., | Balt | | STATE |
| PR: P | 出253 | 3, | 220 I cert | ify that I yok char | ge of the remains if | escribed above, held | on Autaps | y X , Inspectio | n . Inqu | Jiry , and | d in my apinie | an | |
| ME BE | ES - | | death resul | ted from: | Patragner . | Agcident X | Suicide, | Homicide | Undetermine | d manner, | | | |
| DIE CER | ¥ ₹ | | ACTUAL | 11 | Vin. 1 | 114.5 | 1 | TITLE (SPECIFY) | | | | 10.0 | 0.5 |
| ¥#9¥ | H. H. | | SIGNATURE | 1 | Lobos | / /ww | - M. | Acting Cl | 11et | KAMINER | DATE SIGNED_ | 12-2- | .85 |
| P S S | A S | / | EXAMINER'S | NAME - | | |) | | | | | | |
| TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTOR | A F | | (TYPE OR PR | INT)ITION | | ith, M.D. | A | ADDRESS_ 111 1 | Penn St. | , Balto. | ., MD | 21201 | - |
| 5745 | A B | 23o. B | JRIAL, CREMA | TION, REMOVAL | 23b DATE | 23c. NAME O | F CEMETERY OR | CREMATORY | 23d. LOCATIO | N | COUNTY | c | TATE |
| /84 BP | 4 | Bu | rial | | Dec. 6 | New Fi | reedom | Cem. | New F | reedom | | - | |
| DHMH - | 17 | 24. F1 | JNERAL DIREC | CTOR | Secon | ad at Fra | | | REC'D. BY REGIS | TRAR 256 REGIS | STRAR'S SIGI | NATURE | " |
| (VR A15 M | | J. | | tenstei | | | | 7349 nr | 0 100 | 15 del: | . Jainda | -A Rand | .00 |



003147

TYPE OR PRINTS

Female

COUNTRY Fla.

Md.

14 FATHER'S NAME

NO

CERTIFICATION

MEDICAL

00

MPORTANT

ld b

DHMH - 16 60M 7/84 (VRA 15, 4)

70. BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Balto.

Irvin

(YES NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

3 SEX

Artis

STATE OF MARYLAND FOR 1 - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST

TE CITIZEN OF WHAT COUNTRY?

13r. CITY OR TOWN

Jackson

16h SOCIAL SECURITY NO

218-26-8889

Balto.

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

I HEYES, GIVE WAR OR DATEST

113b COUNTY

Black

USA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Coleman

5. DATE OF BIRTH

12

REG. NO 20 DATE OF DEATH 2h HOUR 25 85 IF UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR 30 9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore

MARRIED NEVER MARRIED WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 1400 N. Fulton Ave 2nd Floor

13d INSIDE CITY LIMITS?

YES X NO

17 INFORMANT

TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY 13e.STREET ADDRESS / ZIP CODE 1400 N. Fulton Ave. 21217

12h KIND OF BUSINESS OR

Atkins

IS MOTHER'S MAIDEN NAME MIDDLE Della

> ADDRESS 1400 N. Fulton Ave.

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate couse (o), stoting the underlying cause lost

Linda Coleman

O DEATH BUT NOT RELATED TO THE TERMINAL IN CERTIFYING CAUSES OF DEATH? Pla. ACCIDENT WAS UNDERLYING: THE TIME OF INJURY THE HOW INJURY OCCURRED. LINES WATURE OF HULLES WHITE WAR PART I OR PART 2

HOUR AM MONTH DAY YEAR OF CONTRIBUTING | CAUSE OF DEATH THE ESTIMATE AND THE MEDIC AS EXAMINATED THE INJURY OCCURRED TI+ PLACE OF INJURY AT HOME STREET, FACTORS, OFFICE FARM, ETC.).

THE LOCATION

WHAT USE ALOOM 17s I certify that (i) this haspital attended the discensed from above, (1) (we) (did) (did not) view the body after death

our! Spinion death accurred on the date and hour and from the causes stated dhhat/ir

TIC DATE SIGNED DIRECTOR THYSICIAN T

COUNTY

17e ADDRESS

ATTENDING PHYSICIAN

230 BURIAL CREMATION REMOVAL 23b. DATE (SPECIFY) 12-30-85 Burial

231. NAME OF CEMETERY OF CREMATORY Cedar Hill Cem.

DEGREE

Burnie Glen

CITY OF TOWN

250. DATE REC'D. BY REGISTRAR 256. PEGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

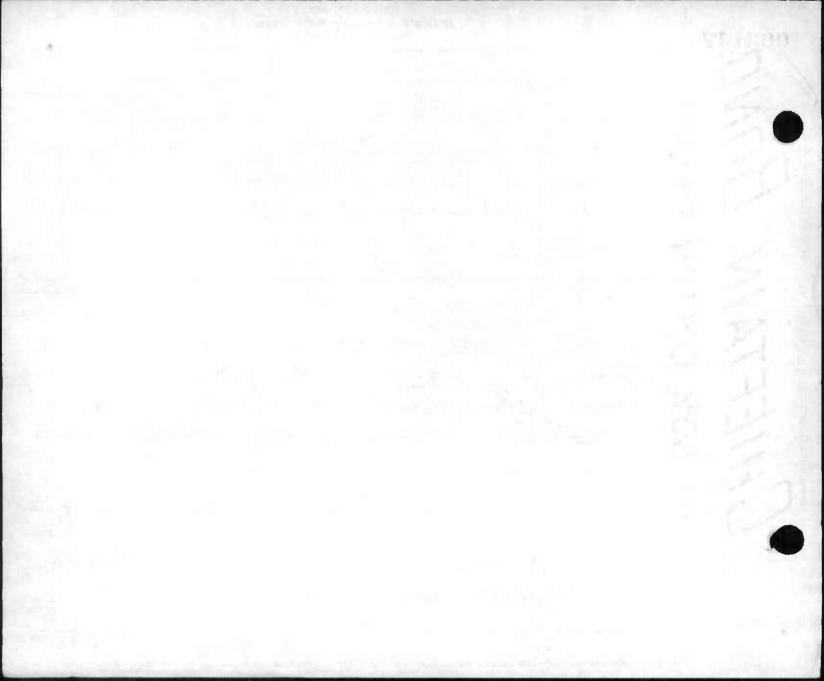
226 SIGNATURE

Wm C March F.H. West

4300 Wabash Ave.

MD

CLAYE



| 008 | 304 |
|--|--|
| vithin 24 hours after death. Page 4 may be | filled in by the funeral director. page 3 hould be filed within 72 hours after death |

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

ITEM NUMBER 4, 13a, e, PER, PH, CASTATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 1 -8-86 D.W. CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 26 HOUR DECEASED NAME MIDDLE TTYPE OR PRINTI 9:50A BABY BOY COLEMAN DECEMBER 25, 1985 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. MONTH DAY YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY WIDOWED DIVORCED MD. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! **INDUSTRY** BALTIMORE JOHNS HOPKINS HOSPITAL ASUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13h COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE YES 🗍 NO T 151 w. henAIETTA ST. 21230 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST EIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO IYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 72h. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DE 72d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Mora 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY Removal 1/2/86 24 FUNERAL DIRECTOR

Balto., Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR:

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MPORTANT:

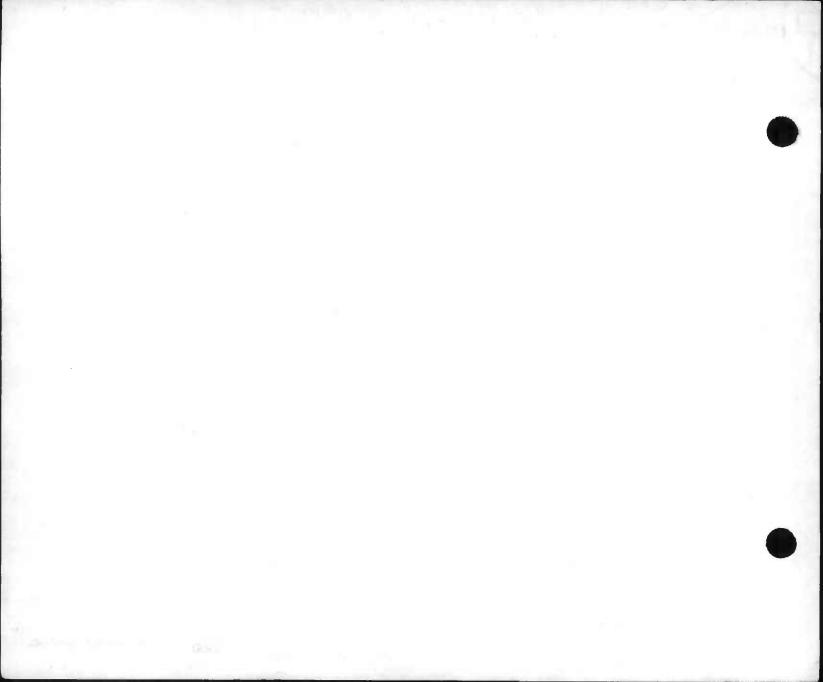
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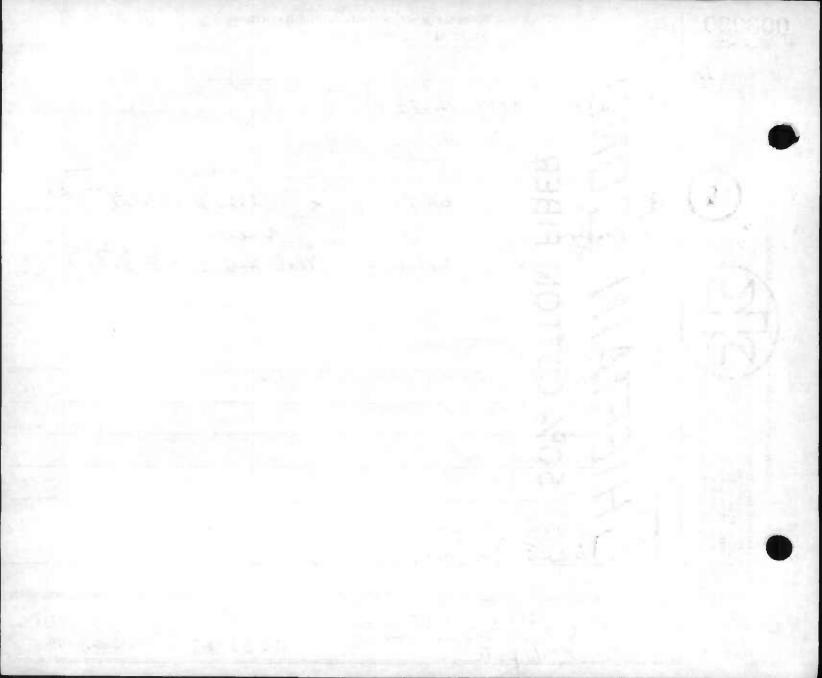
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| 3030 | 11- | FOR STATE | DE | PARTMENT OF HEA | LTH AND MENTAL | HYGIENE 5 | 3 3 3 3 | 1 |
| .) () | '- | REGISTRAR | MEDI | CAL EXAMINER | S CERTIFICATE | OF DEATH REG. N | 10. | |
| | | CEASED NAME FIRST | M | IDDLE | LAST | 20 DATE KNOWN | X MONTH DAY YEAR | 26 HOUR |
| | (14) | E OR PRINT) | ARLES | CO | LEMAN | OF ESTI- DEATH MATED | 12-25-85 | M |
| | 3. SE. | | 5. DATE OF BIRTH | 6. AGE (IN YEARS | | R 24 HRS. 2c DATE | MONTH DAY YEAR | |
| | Y | 7 Negeo | MONTH - / 4 - | 10 000 | ONTHS DAYS HOURS | MIN PRONOUNCED DEAD | | |
| - | 70 8 | RTHPLACE (STATE OR | 76 CITIZEN OF WHAT | COUNTRY | | S SALTIMORE CITY | 12-25-85 OR COUNTY OF DEATH | 7.140 |
| - | FC | REIGN COUNTRY) | n | M | ARRIED NEVER MAR | RIED | _ | |
| | 110.0 | MID . | 4.50 | | DOWED L DIVOR | DO LUMBI | e City | MD. |
| | 7 | IT OR TOWN OF DEATH | | AL, NURSING HOME, OR LY, GIVE STREET ADDRESS) | OTHER INSTITUTION | 120 USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE) | OR INDUS | TRY |
| 2 | | Baltimore | Johns Hop | kins Hospita | 1 | LABOR | | 0 |
| ١ | | AL RESIDENCE (IF IN NURSING HO) TATE 1136 CO | E OR OTHER INSTITUTION, GIVE R | ESIDENCE BEFORE ADMISSION) 30. CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | , 2121 | X |
| l | | MID! | | BALTO. | YES NO [| 2226 N. CAI | Vent ST. | |
| | 14. F | ATHER'S NAME | - | | 15. MOTHER'S MAIL | DEN NAME | | |
| f | | Unbarren | MIDDLE | LAST | FIRST | MODE | LAST | |
| - | | VAS DECEASED EVER IN U.S. | ARMED FORCES? | 66. SOCIAL SECURITY NO | 17. INFORMANT | ADDRES | S # 31215 | - |
| | 0 | ES, NO, OR UNKNOWN) (IF YES, G | VE WAR OR DATES) | 2-16-1 | 8411-1 | 11.00 ALIGI | = Riddle | 5 |
| | \vdash | | | -070070 | Canaco | 1000 2510 L | , pragas | ATE INTERVAL |
| | | 18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU | | | | | | SET AND DEATH |
| | | | IATE CAUSE (a) Arte | rioscierotic | cardiovasc | ular disease | | |
| NOW | | 1000 | DUE TO, OR AS | A CONSEQUENCE OF | | | | |
| | 1 | Canditians, if any, who | | | | | | |
| | | cause (a) stating the und | | A CONSEQUENCE OF | | | | |
| | | lying cause last. | (c) | | | | | |
| | | PART 2 OTHER SIGNIFICANT CONDITION | | NOT RELATED TO THE TERMINAL O | ISEASE OR CONDITION GIVEN IN I | PART 1 (n) | | |
| | Z | | | | | | | |
| _ | CERTIFICATION | 190. DATE OF OPERATION | 19h CONDITIO | N FOR WHICH OPERATIO | N WAS PERFORMED? | | 20 AUTOPS | Y2 |
| - | 1 2 | | | | | | | |
| | = = | 210. EXTERNAL CAUSE WAS | 21h TIME OF IN | III IOV | | | YES 🗌 | NO X |
| 10 | | | | | t. HOW INJURY OCCUR | RED LENTER NATURE OF INJURY IN ITEM T | B PART (OR PART 2) | |
| | MEDICAL | UNDERLYING OR CONTRIBUTING CAUSE C | | 19 | | | | |
| | ED I | 21d INJURY OCCURRED | STREET FACTOR | | LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | 2 | WHILE NOT WHILE AT WORK | □ STREET, FACTOR | and the party of t | 21176g 1 | CIT OR TOWN | COUNT | JIMIE |
| | 100 | Control of the Contro | | | | VV . | | |
| | | 270. I certify that I taak ch | arge of the remains describ | | | ian 🗱 Inquiry 🔲, o | and in my apinian | |
| | | death resulted fram: No | tural causes [X], A | ccident 🔲, Suicide | , Hamicide | Undetermined manner | , | |
| | | ACTUAL MOLA | 7 A . (1 | (10 | ASSISTA | n f | 12 26 6 |) E |
| | 1 | ACTUAL SIGNATURE | ue Mey | nu | M.D. ASSISTA | MEDICAL EXAMINER | DATE 12-26-8 SIGNED | 10 |
| - | 1 | EVALUE ISSUE MANE | | | | | | |
| 6 | 1 | (TYPE OR PRINT) M | argarita A. | Korell.M.D. | ADDRESS 111 | Penn Street | | |
| | 23o. E | URIAL, CREMATION, REMOVA | | | RY OR CREMATORY | 23d. LOCATION | COUNTY | |
| | (| ZUN A | 12-31 | mr. 7: | cem - | CITY OF TOWN | COUNTY | STATE |
| | 24. F | UNERAL DIRECTOR /30 T | | 11 / / | 250. DAI | E REC'D. BY REGISTRAR 256 REC C 3 1 1985 | SISTBAR'S SIGNATURE | |
| | 1 | NAME / | S, Fundamest. | 1 / Mass | - DE | C 3 1 1085 | Davidson Pands | Die_ |
|) | | 1129N. CAR | Uline SI. | | | 1000 | | |



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| g physicion and completely thed in the theorem on popers. Pages and 2 shauld be liked | removal. |

STATE OF MARYLAND DEPARTME

| NT | OF HEAL | TH AND | MENTAL | HYGIENE | O | · Obj |
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| CE | RTIFICA | TE OF | DEATH | | | DE |

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| CE. | J. | ĮΝ | v. |

| | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
|---------------|--|---|--|--|--|
| 0 | 1 DECEASED NAME FIRST (TYPE OR PRINT) | paret H. | 0 11° .5 | 20. DATE OF DEATH MON | TH DAY YEAR 2b. HOUR |
| 0 | 17 Ar9 | Arer " | CO///NO | 12 | 73 703 93 |
| 1 | 3 SEX Female | RAWhite | December 31,19 | 6 AGE (IN YEARS LAST BIRTHDAY | MONTHS DAYS HOURS |
| AL. | BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | 9 BALTIMORE CITY OF CO | UNITY OF DEATH |
| 1 | Baltimore , A | d USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | Raltimor | |
| 10 | 10. CITY OR LOWN OF DEATH Baltimore | St. Agnes Ho | NG HOME OR OTHER INSTITUTION ADDRESS): tal | 120 USUAL OCCUPATION (1198-0F WORK FOR MOST OF WORK Cashier | |
| 35 | USUAL RESIDENCE (IF NURSING HOME O 13a STATE Maryland | ROTHER INSTITUTION GIVE RESIDENCE BEFOR | E ADMISSION) 13d. INSIDE CITY LIMITS? 21 to 1 YES 1 NO | 4239 ADDRESS / ZHP | rederick Rd. |
| exomina OE | Henry | Strohecke Strohecke | is. Mother's Maiden N | e widote | 3TALLMAN |
| medico | 160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES OF | | -7638 Mr. James | | atonsville, a 24 Walden M |
| # . | 18 CAUSE OF DEATH : Enter of PART I. DEATH WAS CAUSE | nly ane cause per line far (a), (b), ar | | | APPROXIMATE INTERVA BETWEEN ONSET AND DE |
| e ve | | TE CAUSE (a) ULM ON | try concestio | N + CUEMA | |
| 2 | | | | | |
| 9 | The state of the s | DUE TO, OR AS A CONSEQU | ENCE OF | _ | 100 000 000 |
| 5 | Canditions, if any, which | (IN HOUTE | MYOCARDIA | L LNFARCE | TON |
| 1 | gave rise to immediate |) | | | |
| û | cause (a), stoting the | DUE TO, OR AS A CONSEQU | ENCEOF | | |
| | underlying cause last. | HIII | TERO SCLERO | 0515 | |
| | DART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTES TO | DEATH BUT NOT RELATED TO THE TER | | DAL COVER DEPART 1 |
| lo lo | | CONTRIBUTING TO | DEATH BUT NOT KELATED TO THE TEN | WINAL DISEASE OR CONDING | DIN GIVEN IN PART TIO |
| _ | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 19h CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20g AUTOPSY? 20b | . IF YES, WERE FINDINGS USED |
| | 2 | The Constitution willer | O. Z. MAGIENI ONNED | IN | CERTIFYING CAUSES OF DEATH |
| | E | | | YES NO | YES NO |
| | 210 ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c HOW INJURY OCCU | JRRED (ENTER NATURE OF INJURY IN I | TEM 18 PART OR PART 2) |
| | 20.20.22400 20.00 20.00 | | AY YEAR | | |
| 0 | (IF EITHER NOTIFY MEDICAL EXAMINE | R) P.M. | 19 | | |
| 5 | (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | 211. LOCATION | | |
| 5 | WHILE NOT WHILE | JAT HOME STREET FACTORY OFFICE | FARM ETC) STREET | CITY OF TOWN | COUNTY STAT |
| 4 | AT WORK ON AF WORK | | | | |
| | | ital) attended the deceased from_ | . 19 | , to | , 19, that (I) (we |
| ^ | saw the deceased olive or | | | | nd hour and from the couses state |
| 4 | abave, (I) (we) (did) (did no | at) view the body ofter death. | , ond thor in (my) (dor) opinio | are december on the date a | na nour and from the couses state |
| E E | 22b. SIGNATURE | | DEGREE | | 22c. DATE SIGNED |
| | 0 2 | 7 | ATTENDING | MEDICAL STAFF | 1 1- |
| | James ! | 1 auren | m () PHYSICIAN | | 0 12/6/8 |
| 5 | 22d. PHY ILIAN'S NAME (TYPE | OR PRINT) | 22e ADDRESS | | |
| | AME | E. TAYL. | 20 57 | AGAREC F | to EDITA |
| | 230. BURIAL CREMATION, REMOVAL | 123b DATE 123c | NAME OF CEMETERY OR CREMATORY | 123d LOCATION | 1-3F/11+1 |
| | 230. BURIAL, CREMATION, REMOVAL | Dec. 9.1985 | Lorraine Park | Com + CITY OR TOWN 7 + : | mondouniy Man, 7 SIAI |
| | | , , , , , , | Idmandana Arra | -during | more, narytai |
| | 24 FUNERAL DIRECTOR | | dmondson Augano | ATE REC'D. BY REGISTRAR 256. | REGISTRARIS SIGNATURE. |
| /B4 , | sterling Fun. E | CAPPES | nsville, Md. no | of 1 A mor A | TO THE REAL PROPERTY. |
| 100 | | | | THE RESERVE OF THE PARTY OF THE | the same of the sa |

requires that the death certificate be executed within 24 hours after DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

> DHMH - 16 60M 7/B4 (VRA 15, 4)

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make the first time and the first time.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 340141 CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH 2h HOUR TYPE OR PRINTI MATHES 335 & AGE LIN YEARS LAST BIRTHDAY IF UNDER ! YEAR IF UNDER 24 HRS MONTH YEAR MALE WHITE 16 20 TO BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY ennessee WIDOWED DIVORCED [Saltimore of Manyland Handyman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS / ZIP CODE BALTO. BALTO, CIT 217 S. Stricker St. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH /Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: rdio pulmonary IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF 1-2 weeks uremia Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF hronic and acute Renal Failure underlying cause lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE Cerebrovasculor accident 24 hr. printo death CERTIFICATION 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? none NOF 21g ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 25 216 TIME OF INJURY 00/ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC) AT WORK AT WORK 22a I certify that (1) (this hospital) attended the deceased from 12/1 saw the deceased give on above (II) we (did) did not view the body ofter death. and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22r DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR should be de with the Stat IMPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS KSHER, MD UMMS. ZZ S. Greene St. Balto 21201 23a. BURIAL, CREMATION, REMOVAL 23h DATE 23d LOCATION BURIAL CITY OR TOWN 5 DEC 85 BURDINE CEM.

ELLICOTT CITY MA 210

NEEDVILLE

250. DATE REC'D. BY REGISTRAR 256 REGIS

HANCOCK

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

MPCHTANT

DHMH - 16 60M 7/84

(VRA 15, 4)

014055

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

| | 1- | FOR STATE REGISTRAR | | ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO. | 5 3 0 0 1 |
|----|---------------|--|---|--|-------------------------------------|---|
| 7 | | CEASED NAME FIRST 51 | h Q VONOLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| | Trees | Broy Gi | 1 | Call | 12 - 3 | 1- 85-10,520 |
| 4 | 3,58 | | RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER TYEAR IF UNDER 24 HRS |
| | | Female | 2100 k | MONTH DAY YEAR S | | MONTHS DAYS HOURS MIN |
| 4 | 24FB) | RTHPLACE (STATE OR FOREIGN # 76 | CITIZEN OF WHAT COUNTRY? | + 7 03 | + BALTIMORE CITY OR COU | |
| d | 10 | Montaine | II CA | MARRIED NEVER MARRIED | 2.11. | 0.1. |
| 7 | 7 P/ | ITY OR TOWN OF DEATH | | WIDOWED DIVORCED HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 12b. KIND OF BUSINESS O |
| Ó | 32 | 11. | (IF NOT IN SUCH FACILITY, GIVE STREET AD | | (TYPE OF WORK FOR MOST OF WORKIN | G LIFE) INDUSTRY |
| 2 | D | ALTIMOY C. AL RESIDENCE (IF NURSING HOME OR OF | university of | MARYLAND Hospita | NA | NIA |
| 5 | 711 | TATE ULAND 13b. COUNT | | | 138 STREET ADDRESS ZIP CO | Pf Ct. 2120 |
| 91 | 14.12 | THER'S NAME | DDLE LAST. | 15 MOTHER'S MAIDEN NA | ME | LAST |
| | - | DAldie | Collin | s Phillis | MIDDLE | PNIDA |
| | | VAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) (IF YES, GIVE V | ED FORCES? 166 SOCIAL SECURI | Phulls | Coll+105 130 | OGE. EASER |
| - | | 18 CAUSE OF DEATH (Enter only | ane cause per line for ia), (b), and i | (0.) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| - | | PART I. DEATH WAS CAUSED IMMEDIATE | BY: ARTA | | avsent | 20,000,000,000,000 |
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| ú | | Conditions, if ony, which | DUE TO, OR AS A CONSEQUEN | ilus with met | real del | 4 |
| | | gove rise to immediate | | | ARBOTTE AGTINE |) End |
| | | couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSEQUEN | ritu with multi | 1 100 1 11 1 | Angel Alice |
| 'n | | PART 2 OTHER SIGNIFICANT CO | 107 | ATH BUT OT RELATED TO THE TERM | IN AL DISEASE OF CONDITION | GIVEN IN PART 110 |
| | Z | The state of the s | CONTROL OF | ATT DO CON RELATED TO THE TERM | MARE DISEASE ON CONDITION | CIVELLIA LAKE IIO |
| - | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH O | PERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF | YES, WERE FINDINGS USED |
| 1 | H | | | | YES NOT | RTIFYING CAUSES OF DEATH? |
| - | ER | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM | |
| 1 | | OR CONTRIBUTING CAUSE OF DEATH | | YEAR | | , |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. 21e PLACE OF INJURY | 211. LOCATION | | |
| ١ | ME. | NOT WHILE [| (AT HOME STREET FACTORY, OFFICE, FAR | | CITY OR TOWN | COUNTY STATE |
| | | AT WORK | | | N40 31 | 630 |
| | | 22a.1 certify that (1) (this haspital sow the deceased alive an | ^ | July 7 19.85 | to Dlc 3 | , 19, that (li (we) la |
| | | abave, (i) (we) (aid) (aid not) | view the body after death | | death occurred on the date and | |
| d | | 226 SIGNATURE | 2117 | DEGREE ATTENDING | MEDICAL STAFF | 22c DATE SIGNED |
| | | Chanelle | M. M. DAN | . // DUNCTOUR F | DIRECTOR PHYSICIAN | 1-1-86 |
| Ñ | | 224 PHYSICIAN'S NAME (TYPE OR P | RINI) | 220 ADDRESS New E | sory Intensity | Cary Unit |
| | | JEANEH | K. MUDAN | riel University | of MARY MAN | Hospital |
| | | URIAL CREMATION, REMOVAL | 23b. DATE 23c. 17A | ME OF CEMETERY OR CREMATORY | 23d. LOCATION | 1111 |
| | | BURI al | 1-13-86 (| ECAR HILL | anne Aru | del MOL |
| | 24 FL | JNERAL DIRECTOR | m1 | 25a DAT | E REC'D. BY REGISTRAR 256 REC | ISTRAR'S SIGNATURE |
| ij | M | 1.M. MARCH | F/H. INC. 1/C | 1E-NORTHAGEDA | N 1 0 1986 Julia | Was a second ships |

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| 53137 | | CEASED NAME FIRST | MIDDLE | LAST | REG. NO. | DAY YEAR 26 HOUR | |
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| y be | 1 | Bert | ha | Combs | 12 | 16 85 10:3 | 3 Om Z |
| ge 4 mo | 3. 58 | Female | Black | 5. DATE OF BIRTH MONTH DAY YEAR 7 7 9 9 | 6. AGE (IN YEARS LAST BIRTHDAY) 86 YRS | 1 1 1 | MIN. |
| and the second of the second o | | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED XX | Baltimore (| | MD. |
| to the color | 1 | Baltimore | (IF NOT IN SUCH FACILITY, GIVE STREET Century Home, | NG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | 126 KIND OF BUSINESS | SOR |
| DE | 3a. 3 | STATE 13b_CO | or other institution, give residence before unity 13c. City or tow | e admission) 13d Inside City Limits? YES \(\text{Pro} \text{NO \(\text{X} \) | 13e STREET ADDRESS / ZIP CO Mt. Wilson 1 | | 8 |
| 1322 | 0 | UNK. | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | WE | LAST | |
| 東京等の | | VAS DECEASED EVER IN U.S. | ARMED FORCES? 16b. SOCIAL SECT | | ADDRESS | | |
| 1 00 | | No | 219-54- | 3077 Barbara Str | aker 102 N. Pa | ca Street 2122 | 201 |
| y) icone | | 18 CAUSE OF DEATH (Enter | only one couse per line for 101, (b), or SED BY: | nd (c) | | APPROXIMATE INTERVA BETWEEN ONSET AND DE | ATH |
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| MOSE MARYLAND 21201 | referred whin 24 hours after death age 4 may be | in you completely filled in by the funeral director, page 3 | medical sommer franchis bear of the dispute of the sound |
|---|--|---|---|
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BATTIMONE MARYLAND 21201 | TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate are recorded whim 24 hours after death age 4 may be retained by the haspital or attending physician. | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending play completely filled in by the funeral director, page 3 Should be detached for use as the burial-transit permit. Then please remaye carbanelle. Then the state Dept. of Health and Mental Hygiene prior to burial, cremation, ar reminion. | IMPORTANT: If them 21 is marked or them, 18 shows any injury, or other traumatic even; the medical emusy beautified or once. |

| | | TEMOLED IN WILL | FIRST | · | AIDDLE | · | AST | REG. NO. | DAY YEAR 26 HOUR |
|--|--|---|--|--|--|--|--|--|--|
| X | 1) PE | OR PRINT) | ILLIAM | И | F. X . | CONN | OLLY, SR. | December 4, 1985 | 2:00 am |
| Pr | 3. SEX | | 4 R/ | | | 5 DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| | 7- DI | Male RTHPLACE (STATE OR FORE | 21.0 | White | WHAT COUNTRY? | May | 22, 1925 YEAR | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| 33 | M | laryland | 1 | U.S.A | | WIDOWE | | Baltimore Cit | MD. |
| 18 | | TY OR TOWN OF DEATH Baltimore | Ma | (IF NOT IN SUCH | d General | ADDRESS) HOS | or other institution pital | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Sales | 126 KIND OF BUSINESS OR INDUSTRY Insurance |
| 35 | 13a. S | AL RESIDENCE (IF NURSING TATE | Baltin | | GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimon | N | 13d INSIDE CITY LIMITS? YES NO 🛣 | 13e STREET ADDRESS / ZIP CODE 7118 Rodgers Ct | t. 21212 |
| 100 | 14 FA | THER'S NAME | MIDDL | LE | LAST | | 15. MOTHER'S MAIDEN NA | MIDDLE | - LAST |
| 150 |) | Harry | Т. | | Connol: | | Marguerite | | Kram |
| 2 | | AS DECEASED EVER IN ES, NO OR UNKNOWN) Yes | U.S. ARMED IF YES, GIVE WAR WWII | R OR DATEST | 166 SOCIAL SECU 213–28–92 | | Mrs. Wm. F.X | .Connolly 7118 Re | odgers Ct. 2121 |
| | | 18 CAUSE OF DEATH | Enter only on | ne cause per | line for 101, (b), and | dicell | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 5 | | | | | Uremia | | | | 1 month |
| | | Conditions, if any, w gave rise to immed cause (a), stating | diote) | | Chronic F | kena I | Fallure | | several years |
| 5 | | underlying couse | lost. | (c) | | Mell: | itus and Hype | | Years (FN IN PART) In |
| D Mark | NOI | underlying couse PART 2 OTHER SIGNIF | ICANT CONI | (c) DITIONS <u>CO</u> | Diabetes ONTRIBUTING TO D | Mell: | | rtension Winal Disease or Condition Giv | Years TEN IN PART 1:0 |
| S dry medy, or | TIFICATION | underlying couse | ICANT CONI | olitions co | Diabetes ONTRIBUTING TO D | Mell DEATH BUT | | 200 AUTOPSY? 200. IF YES IN CERTIF | Years FEN IN PART 110 S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO |
| mjory, or | CERTIFICATION | PART 2 OTHER SIGNIF Right Hip 19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDERL | ICANT CONI | olitions co | Diabetes DNIRIBUTING TO D PEPSIS TION FOR WHICH FINJURY | Mell DEATH BUT | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR | 200 AUTOPSY? 200. IF YES NO POLY NO PO | S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO NO |
| Services and marks of the services of the serv | _ | PART 2 OTHER SIGNIF Right Hip 19a DATE OF OPERATIO 21a. ACCIDENT WAS UNDERLING CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL | ICANT CONI Fracti IVING ISE OF DEATH EXAMINER] | DITIONS CO ITE, S. 19b CONDIT 21b. TIME OF HOUR A.A. P.A. | Diabetes DNTRIBUTING TO D PEPSIS TION FOR WHICH FINJURY M. MONTH DA M. 11 04 | Mell DEATH BUT OPERATIO | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 5 Tripped | 200 AUTOPSY? 20b. IF YES NOW YES. | S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO NO |
| S S S S S S S S S S S S S S S S S S S | MEDICAL CERTIFICATION | PART 2 OTHER SIGNIF Right Hip 19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDERLOW CONTRIBUTING X CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED | ICANT CONI Fraction LYING [] ISE OF DEATH EXAMINER] | OITIONS CO ITE, SI 19b CONDIT 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STRE | Diabetes DNTRIBUTING TO D PEPSIS TION FOR WHICH FINJURY M. MONTH DA M. 11 04 | Mell DEATH BUT OPERATIO AY YEAR 1 196 | NOT RELATED TO THE TERM N WAS PERFORMED 2114 HOW INJURY OCCUR 5 Tripped 211 LOCATION STREET 827 Lin | 200 AUTOPSY? 200. IF YES NO POLY NO PO | S, WERE FINDINGS USED LYING CAUSES OF DEATH? S NO PART LORPART?) Tater fountain& fell Tell MADUNITY STATE |
| Services and marks of the services of the serv | _ | UNDERLYING COUSE PART 2 OTHER SIGNIF Right Hip 19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING A CAU [IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK A WORK 22a. I certify that (Land) | ICANT CONI Fraction LYING LYING SE OF DEATH EXAMINER) X ans hospital) c | OITIONS CO ITE, S. 19b. CONDIT 21b. TIME OF HOUR A.A. 21e. PLACE C (AT HOME, STRE | Diabetes DATRIBUTING TO DE POSIS TION FOR WHICH FINJURY M. MONTH DA M. 11 04 DEFINJURY LEEL FACTORY OFFICE FA In hospital DE deceased from | Mell DEATH BUT OPERATIO AY YEAR 1 19 6 ARM ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 5 Tripped 211 LOCATION STREET 827 Lin 7.118 Rod mber 4, 1985 | 200 AUTOPSY? 200. IF YES IN CERTIFY YES NOW YES NOT THE WALKING TO | S, WERE FINDINGS USED LYING CAUSES OF DEATH? S NO NO NO NOTATION NO N |
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| Them 21 is marked or little to stows any injury, at | _ | PART 2 OTHER SIGNIF Right Hip 19a. DATE OF OPERATIO 19a. ACCIDENT WAS UNDERLOW OR CONTRIBUTING ACCURRED 21d. INJURY OCCURRED WHILE A WORK 22a. I certify that (Lath sow the deceased obove, (Is well did) 22b. SIGNATURE | ICANT CONI Fraction IVING | 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STRE Detremble) by the body of the body | Diabetes DITRIBUTING TO DE CEDSIS TIÓN FOR WHICH FINJURY M. MONTH DA M. 11 04 DF INJURY LET. FACTORY OFFICE F | Mell DEATH BUT OPERATIO AVY YEAR 1 19 6 ARM ETC.) NO VER 3 5, or | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 35 Tripped 211 LOCATION STORET 827 Lin 7.218 Rod Ther 4. The control of the con | 200 AUTOPSY? 200. IF YES IN CERTIFY YES NOW YES NOT THE WALKING TO | S, WERE FINDINGS USED LYING CAUSES OF DEATH? S NO NO NO NOTATION NO N |
| 29 | _ | PART 2 OTHER SIGNIF Right Hip 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDERL OR CONTRIBUTING (2) CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (12th sow the deceased obove. (1) way did | ICANT CONI Fraction IVING | 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STRE Detremble) by the body of the body | Diabetes DITRIBUTING TO DE CEDSIS TIÓN FOR WHICH FINJURY M. MONTH DA M. 11 04 DF INJURY LET. FACTORY OFFICE F | Mell DEATH BUT OPERATIO AVY YEAR 1 19 6 ARM ETC.) NO VER 3 5, or | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 35 Tripped 21l LOCATION STREET 827 Lin 7.118 Rod mber 4. Indication (My) Our opposite of the control of the | ANNAL DISEASE OR CONDITION GIV 200 AUTOPSY? YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18 P While Walking to W den Ave CITY OR BY'T timor GETS COULT Ballin December 4., MEDICAL ADRAMINER | S, WERE FINDINGS USED PYING CAUSES OF DEATH? S NO PART LORPART? THE MOUNTY STATE TO PE MOUNTY STATE T |
| MICKEAN: If them 21 is morked or lifeth, a study, or | WEDICAL NEDICAL | UNDERLYING COUSE PART 2 OTHER SIGNIF Right Hip 19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING (ACCIDENT WAS UNDERLY OR CONTRIBUTING (ACCIDENT WAS UNDERLY OF CONTRIBUTING (ACCIDENT WAS UNDERLY OF CONTRIBUTING (ACCIDENT WAS UNDERLY) 21a, ACCIDENT WAS UNDERLY OF CONTRIBUTION (ACCIDENT WAS UNDERLY) AT WORK 22a. I certify that (ACCIDENT WAS UNDERLY) 22b. SIGNATURE 22d. PHYSICIAN'S NAMM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ICANT CONI Fraction Exing ISE OF DEATH EXAMINER) IS hospital) a colive an I colive an | 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STRE Detremble) by the body of the body | Diabetes DIRIBUTING TO DE CEPSIS TIÓN FOR WHICH FINJURY M. MONTH DA M. 11 04 DE INJURY GET, FACTORY OFFICE F. In hospital e decesed from er 4 19 5 atter death. | Mell DEATH BUT OPERATIO VY YEAR 1 19 6 ARM ETC.) NOVER | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 35 Tripped 21l LOCATION STREET 827 Lin 7.118 Rod mber 4. Indication (My) Our opposite of the control of the | WINAL DISEASE OR CONDITION GIV 200 AUTOPSY? YES NOW YES WEED (ENTER NATURE OF INJURY IN ITEM 18 P While Walking to W den Ave CITY OR BY I timor GETS COULT BALLIN December 4. MEDICAL ABRAMINER DIRECTOR PHYSICIAN | S, WERE FINDINGS USED PYING CAUSES OF DEATH? S NO PART LORPART? THE MOUNTY STATE TO PE MOUNTY STATE T |
| MyCarays: If them 21 is marked of fields only injury, or | WEDICAL ACTION OF THE PROPERTY | UNDERLYING COUSE PART 2 OTHER SIGNIF Right Hip 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING (2) CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (2) the sow the deceosed obove, (1) went did 22b. SIGNATURE 22d. PHYSICIAN'S NAMI | ICANT CONI Fraction Exing ISE OF DEATH EXAMINER) IS hospital) a colive an I colive an | 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STREET) intended the December of the body of the bo | Diabetes DITRIBUTING TO DE PERSON TION FOR WHICH FINJURY M. MONTH DA M. 11 04 DF INJURY LET. FACTORY OFFICE F. In hospital Let 4 19 8 after death. | Mell DEATH BUT OPERATIO AY YEAR 1 19 6 ARM ETC.) NO VEL 35 OF | NOT RELATED TO THE TERM N WAS PERFORMED 211 HOW INJURY OCCUR 211 LOCATION STREET 827 Lin 7218 Rod mber 4, ad that in (My) DEGREE 212 ADDRESS C/O Maryla EMETERY OR CREMATORY Valley | 200 AUTOPSY? YES NOW YES NOW YES NO CHITTON GIVE CONTROL OF YES IN CERTIFY YES NO CHITTON STATEMARY IN TEAM IS POSSIBLE OF THE PROPERTY OF TH | S, WERE FINDINGS USED PYING CAUSES OF DEATH? S NO DARTHORPARI 2) Rater fountain& fell re MAUNITY STATE ROSE Md. 21212 19.85 thous K(we) lost re and from the couses stated LIE DATE SIGNED COUNTY STATE LOUNTY STATE LOUNTY STATE LOUNTY STATE |

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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offretained by the haspital or attending physician. | TO FUNERAL DIRECTOR. After this certificate has been signed by the ottend of providing ind completely filled in by the should be detached for use as the build-transit permit. Then please remove completions in Fig. 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, a command. |
|--|---|---|
| PRESTON ST., BALT | he death certificate b | ne offend in physical emove co motion, a |
| L RECORDS, 201 W. | e low requires that the | hos been signed by the permit. Then please in the prior to burial, are |
| DIVISION OF VITA | NDING PHYSICIAN: The or ottending physicia | R. After this certificate use as the burial-transit lealth and Mental Hygie |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The Iretained by the hospitol or ottending physicion. | TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove college respected with the State Dept. of Health and Mental Hygiene prior to burial, cremation, a |

| STATE OF MARYLAND |
|---|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| CERTIFICATE OF DEATH |

| STATE OF MARYLAND | 0 | Pitho | |
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| DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH | Q | 2 | |
| | | REG. NO. | |

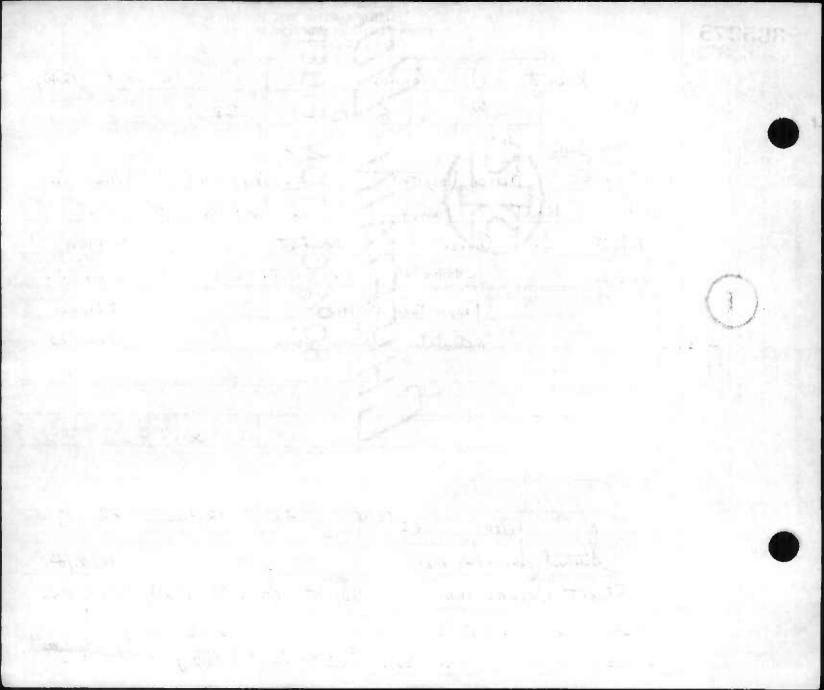
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| | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO | Ο. | | - 4 | | |
|---------------|--|--|----------------------------|-----------------------------|--|--------------------------------|-----------------|-----------------|--|--|
| | CEASED NAME ROBERT | MIDDIE | Connor | AST | 100000000000000000000000000000000000000 | 12 S | VEAR O 85 | 26 HOUR 1240 pm | | |
| 3. SE | × • • • • • • • • • • • • • • • • • • • | race W | S. DATE C | | 6 AGE (IN YEARS LAST BIR | | FUNDER TYEAR | HOURS MIN. | | |
| | RTHPLACE (STATE OR FOREIGN TO COUNTRY) New York | CITIZEN OF WHAT COUNT | TRY? 8 MARRIE WIDOWE | D NEVER MARRIED DIVORCED | BALTIMORE CITY O | R COUNTY (| OF DEATH | MD | | |
| 13 | Baltimore / | 10 | | DR OTHER INSTITUTION | 120 USUAL OCCUPATION WEED WORK FOR MOSTO | | | of Business OR | | |
| 13a. S | AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY Md. Ba | 13c. CITY OR | SEFORE ADMISSION) TOWN | 13d. INSIDE CITY LIMITS? | | ZIPCODE | n Cir | 21209 | | |
| 2 | Robert J. | Connor | | Margaret | WIDDLE | - 7 | Keen | Gn | | |
| , | WAS DECEASED EVER IN U.S. ARME VES. NO OR UNKNOWN) (IF YES, GIVE W. | | 8849 | Mrs. Peggy C | | Massa | pequa, | | | |
| | IS CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BEINMEDIATE C | BY. I Pagaza | | Pailure | | | 0 | ONSET AND DEATH | | |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost | | | | | | | 2 months | | |
| NO | PART 2 OTHER SIGNIFICANT COM | NDITIONS CONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CON | DITION GIVE | N IN PART 10 | 0 | | |
| CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WE | HICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIFYING CAUSES OF DEATH? | | | | |
| MEDICAL CER | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 PAR | RT OR PART 2) | | | |
| MEDI | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY, OF | FICE, FARM ETC) | 21f LOCATION STREET | CITY OR TO | wN | COUNTY | STATE | | |
| | 220.1 certify that (I) (this hospital) any the despreed also on a above. (II (we) (did) (did not) vi | 12/20 | 1985 .01 | nd that in my (our) opinion | death occurred on the do | ote and hour | | | | |
| | The SIGNATUREY Livens | prohe mi | | | MEDICAL STAI | F IAN [] | 12/2 | SIGNED | | |
| | STUAT Ja | ecohs mp | | 301 St - P | and R. B | att, 1 | M- 3 | 20213 | | |

NATORY 23d LOCATION CITY OF TOWN BEACH, Palm Beach Palm Beach Palm Beach Palm Beach 250 DATE REC'D. BY REGISTRAR 236 REGISTRAR 5 SIGN PURPLED TO THE PARTY SIGN PURPLED TO THE 230 BURIAL, CREMATION, REMOVAL BUTTIAL-Transit Dec. 24,1985 Queen of Peace Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 2



| 038 | 1- | FOR STATE REGISTRAR | DEPA | CERTIFICATE OF DEATH | YGIENE O O REG. NO. |) 3 3 0 1 |
|--|---------------|--|--|--|---|--|
| 3 | SEX | Bridges Female | (Gertrude) White CITIZEN OF WHAT COUNT | S. DATE OF BIRTH DAY 15 92 | 6. AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUN | IF UNDER LYEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN |
| State within 72 | B | Balto; | FIF NOT IN SUCH FACILITY, GIVES | Deaton | _ // _ // . / | (26 KIND OF BUSINESS (|
| 100 | I FA | | Balti | MOTE 13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N | 2836 Pelham A | ivenue 21213 |
| physican and camp appent. Pages of the mand: | | AS DECEASED EVER IN U.S. ARMEI ES, NO OR UNKNOWN) (IF YES GIVE W. PART I. DE ATH WAS CAUSED B IMMEDIATE C | ar OR DATES) 918-3 tine couse per line for (a), (b) | | tta Gakenheimer 6 | 21204 11 St. Franci |
| and by the ottending please embor carbot used, cremation, or re- | | Conditions, if any, which gave rise to immediate cause to stating the imderlying cause tost. | DUE TO, OR AS A CONSI | collect - me | RMINANDISEASE OR CONDITION G | Weeks |
| has been up | CERTIFICATION | 19u DATE OF OPERATION | O v 9 au 1 | HICH OPERATION WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO |
| The second secon | MEDICAL CER | TIS ACCIDENT WAS LINGUISTOND CONTROL OF CONTRIBUTING CONTROL SAARCES THE INCOME OF CONTROL OF CONTR | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY IATHOME STREET, FACTORY, OF | DAY YEAR 19 211 LOCATION | URRED (ENTER NATURE OF INJURY IN ITEM IS CITY OR TOWN | 3 PART I OR PART 2) COUNTY STAT |
| DIRECTOR Ah loched for use as Dept. of Health if hem 21 is more | | 22a I certify that (I) (the haspital) saw the deceased alive an above (Thiwe) (did) (did) and v | | DEGREE ATTENDING | MEDICALSTAFF | aur and from the causes stated |
| TO FUNERAL should be de- with the Stose WAPORTANT. | 73n. 8 | | 23b. DATE | PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATOR | y 123d LOCATION | COUNTY STATE |
| - 16 60M 7/B4 /RA 15, 4) | 14 FL | Burial PHERAL DIRECTOR Leonard J. Ruck, | 12-16-85 Inc. Balti | | Baltimore, A DEC 16 1005 | |

STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)

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| 343014 1- FOR STATE | DEPARTMENT OF HI |
| - STATE | CERTIFI |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 3 | 5 | 3 | 3 | 0 | 3 | 9 |
|----|----------|---|----|---|---|---|
| | REG. NO. | | | | | |
| OF | DEATH | | ME | | | |

| | | CEASED NAME FIRST | MIDDLE | | LAST | 7.5 | 2a DATE OF DEATH | MONTH | DAY YEAR | 26. HOUR |
|-----|---------------|---|--|---|------------------------|-----------------|---|-----------------|--------------------|-------------------------------------|
| | TTYPE | ELIZABE! | PH | CONV | YAY | 1.2 | DECEMBER | 2, | 1985 | 9:11 ^A |
| | 3. SEX | F | 4. RACE B | S. DATE O | OF BIRTH | ŽEAR ŽŠ | 6. AGE TINYEARS LAST BIR | HDAY) | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. |
| 3 | 2.0 | REMPLACE STATE OR FOREIGN OUNTRY) VIRGINIA | 76. CITIZEN OF WHAT U.S.A | MARRIE | ED NEVER MAR | _ | BALTIMOR BALTIMOR | E C | TY OF DEATH | MD. |
| 2 | 4 | TY OR TOWN OF DEATH ALTIMORE | (IF NOT IN SUCH FACIL | TAL, NURSING HOME (ITY, GIVE STREET ADDRESS) PKINS HOS | | TION | 12g USUAL OCCUPATE (1YPE OF WORK FOR MOST O N/A | F BUSINESS OR | | |
| es. | 13a. S | AL RESIDENCE I IF NURSING HOME OF TATE 136. COUR | NTY 13c. C | sidence before admission) ITY OR TOWN ALTIMORE | 134. INSIDE CITY | LIMITS? | 13e STREET ADDRESS / 2521 AIS | | | ET 21218 |
| 2 | 14 FA | THER'S NAME UNKNOWN | MIDDLE | LAST | ORA ORA | | MIDDLE | | PEND: | LETON |
| 276 | 1 14 | VAS DECEASED EVER IN U.S. AR (15 YO OR UNKNOWN) (16 YES, GIV | E WAR OR DATES! | ocial security no. 9-20-0559 | 17. INFORMANT FRED | PENDI | LETON 13 | | ORSUCH | AVE. |
| 05/ | 1 | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) | oly one couse per line to D BY: TE CAUSE (0) | while on | cest / h | 400 te | ensien | 1 | APPROXI BETWEEN | MATE INTERVAL DNSET AND DEATH |
| | | Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last. | (b) (c | CONSEQUENCE OF | novery | am | st | | ~ | 3days |
| | TION | PART 2 OTHER SIGNIFICANT (| | | | | | | | 1.336 |
| 2 | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION | FOR WHICH OPERATIO | ON WAS PERFORM | ED | 20a AUTOPSY? YES NO | OF DEATH? | | |
| 1 | | ? (a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES | | | | RY OCCURRI | ED (ENTER NATURE OF INJUR | IY IN ITEM 18 | PART 1 OR PART 2) | |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF IN. | TURY STORY, OFFICE FARM, ETC.) | 211 LOCATION STREET | | CITY OR TO | WN | COUNTY | STATE |
| | | 22a I certify that (I) this hospi sow the deceased alive on above, (I) (Wa) (did) (did no | 12/2 | 10 8 | nd that in (my) (ou | r) opinion d | to 2/ | 2 ote and he | | that (I) (we) last couses stated |
| | | 226 SIGNATURE | Bite | us | | NDING SICIAN | MEDICAL STAP | | 22¢. DATE | SIGNED /2/by |
| | | GLOVER TYPE | D. B | ter | 22e ADDRESS | Ring | Hopkins | 11 | fors. | |
| | 1 | URIAL, CREMATION, REMOVAL SPECIFY) URIAL | 236. DATE 12-6-85 | | EMETERY OR CREATE | MATORY | 23d LOCATION CITY OF TOWN BALTIMO | RE | COUNTY | STATE BYLAND |
| | 24 FU | INERAL DIRECTOR | 1 11014 | ADDOSS | Ary | DEC | | Storat OF | | BYSCOR. |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

must be notified at once.

MPORTANT: If Hem 21 is morked or Item 18 shows any injury, arother traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the buriol-tronsit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

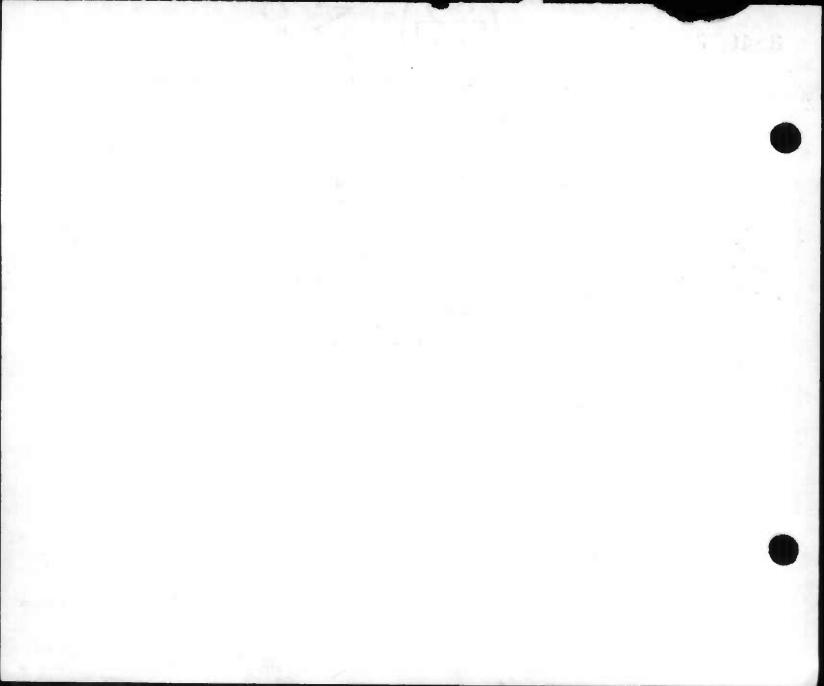
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 3 | 5 | 5 | 5 | 0 | 7 | 1 |
|---|---|---|---|---|---|---|
| | | | | | | |

| | 1 - | STATE REGISTRAR | | CERTIFI | CATE OF DEATH | REG. N | 0. | | | | |
|----|---------------|---|---|------------|--------------------------------|---|--------------------------------|----------------|-----------------------------|--|--|
| | | CEASED NAME FIRST HELEI | MIDDLE | Con | WAY | 20. DATE OF DEATH | - 16 - | 85 | 12: 45 PM | | |
| | 3. SEX | | 4 RACE Black | 5. DATE OF | - AS - 10 | 6 AGE (IN YEARS LAST BIR | YRS | IF UNDER TYEAR | IF UNDER 24 HRS. HOURS MIN. | | |
| E | C | OUNTRY) M OUNTRY) | 76. CITIZEN OF WHAT COUNTRY? | WIDOWE | | 9. BALTIMORE CITY O | | lity | MD | | |
| 2 | Bu | thmore | 11. NAME OF HOSPITAL, NURSIN IN NOT IN SUCH CELLTY, GIVESTREET | ADDRESS) | atu estitution | 120. USUAL OCCUPATION OF OF WORK FOR MOST OF WORK FOR MOST OF THE | F WORKING LIFE | | F BUSINESS OR | | |
| 5 | 130 S | Md 156. COUN | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13 CITY OR TOW Baltimor | n I | 13d INSIDE CITY LIMITS? YES NO | 13. STREET ADDRESS | | rd Au | 2 2/2/ | | |
| JU | | Oscar | MIDDLE Brown | | Helen | WIDDLE | , | 1AS | Thoma | | |
| 1 | 16e. W | VAS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) (15 YES, GIV | RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 215-22 | 1-64 | 43 DO/8 | res Trav | | 23/2 N | · Fulto | | |
| | 7 | 18. CAUSE OF DEATH [Enter only one cause per last of (o), (b), and (c). PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE IO) MEDIATH FAILURE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stoting the underlying cause last. (c) DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| 9 | CERTIFICATION | PART 2. OTHER SIGNIFICANT (| CONDITIONS CONTRIBUTING TO I | | | 200 AUTOPSY? | IN CERTIFYING CAUSES OF DEATH? | | | | |
| 7 | MEDICAL CERTI | 270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED | HOUR A.M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCURR | YES NOL | | ARTIOR PART 2} | NO [] | | |
| 9 | MEC | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFFICE, F | | STREET | CITY OR TO | | COUNTY | STATE | | |
| 19 | | saw the deceased alive an | ntal) attended the deceased from | , an | d that in (my) (our) apinion o | , ta death accurred on the d | | | | | |
| | | 224 PHYSICIAN'S NAME (Type of | elly OP PRINTS | | ATTENDING PHYSICIAN | MEDICAL STA | | 12/1 | 6/85 | | |
| _ | | D | hally | 11116 | Surai | Arpeta | P | | | | |
| | (| Burial Burial | 12/20/85 M1 | | | 23d LOCATION CITY OF TOWN Landsdo | | COUNTY | STATE | | |
| | | illiam C. March | h F/H West 4300 l | Wabash | | rec'd by registrar | DE REGISTA | KAKSISIGNAT | Markettle. | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The low



| 354014 | 1. | FOR 12-23 | BEE 13 | B.W. | .PF.CALI | MENT OF H | CATE OF D | MENTAL HYG | R | EG. NO. | 3 | 3 6 | 9 1 |
|--|---------------|--|--|------------------------------------|--|------------------------|-------------------------|---------------------------------|--|-------------------------|--------------|----------------|-----------------|
| Secoth be | | CEASED NAME OR PRINT) | Emma | | MIDDLE B. | | ook | | December | | | YEAR | 26 HOUR 6:56P M |
| ge 4 moy | 3 SE | Female | 4. F | RACE | ite | 5. DATE C | DAY | YEAR 1911 | 6. AGE (IN YEARS | LAST BIRTHDA | YRS. | INDER I YEAR | IF UNDER 24 HRS |
| eath. Pag nn 72 hau at once. | | RTHPLACE (STATE OR FO COUNTRY) arvland | DREIGN 7b | CITIZEN OF | WHAT COUNTRY? | 8 MARRIEI WIDOWE | NEVER A | AARRIED | 9 BALTIMORE C Baltimo | _ | | DEATH | MD |
| free of the fu | 10 C | TY OR TOWN OF DEA Baltimore | | NAME OF (IF NOT IN SUC Maryl | HOSPITAL, NURSING FACILITY, GIVE STREET and Genet | address) | | NOITUTION | 120 USUAL OCC (TYPE OF WORK FOR Hairdr | MOST OF WO | ORKING LIFE) | INDUSTRY | BUSINESS OR |
| | 13a. | d | 13b. COUNTY Balto. | | 13c. CITY OR TOW | N | 13d. INSIDE C YES XX | NO 🗌 | 13e.STREET ADD Wyman H | | | 21211 & Hov | |
| | | ohn Gutsm: | iedl | DLE | LAST | | Her | S MAIDEN NA FIRST Cmina | Gutsmi | | | LAST | |
| be execution and co | | VAS DECEASED EVER I YES, NO OR UNKNOWN) | N U.S. ARMEI | | 217 76 | | Brend | | s 2924 | address Wymar | n Park | | 1211 |
| W. PRESTON ST. nat the death certiful by the otherwise carbon ceremotion, or remother fraumatic even | | Cardiac Arrest - Electro-mechanical dissociation Conditions, if ony, which gove rise to immediate couse iol, storing the underlying couse lost. Due To, OR AS A CONSEQUENCE OF Pulmonary Embolus Due To, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE DU | | | | | | | | of t | he hear | | |
| requires the requires the requires the requires the real signed for to burial the relation to the real signer. | MION | PART 2. OTHER SIGN Perforated 190 DATE OF OPERAT | pylor | ic ulo | | perto | nitis. | | INAL DISEASE OF | | | IN PART 110 | |
| ALKEL ALKEL The low clon. e hos be sit permi | CERTIFICATION | 12/2/85 | | Peri | forated p | | ulcer | • | YES NO | 11 X | YES [| G CAUSES | |
| IVISION OF VITAL RECORDS, IG PHYSICIAN: The low requirent his certificate has been signs the burial-transit permit. Then a and Mental Hygiene prior to bread or them 18 shows any injury | MEDICAL CE | 210 ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR | AUSE OF DEATH AL EXAMINER) | P. | | AY YEAR | 211 LOCATIO | | RED (ENTER NATURE | OF INJURY IN | ITEM 18 PART | I OR PART 2) | |
| DIVISIO ING PHY After this os the b ith and A | MEC | WHILE NOT WHI | K | (AT HOME ST | REET FACTORY, OFFICE F | | STREET | | | Y OR TOWN | 17. | COUNTY | STATE |
| ATTEND opportunity of the opport | | 220.1 certify that Assow the decease above, (As (we) (d | (this hospital) d alive an id) (hasnot) vi | ew the body | er 14, 19 after death. | 85 | d that in (m) | , 19 <u>85</u> (our) opinion | to Dece | | | nd Irom the c | |
| TALOR by the ho RAL DIRE detached tate Depi | | 22b. SIGNATURE | trail | | in | | | ATTENDING PHYSICIAN [| MEDICAL DIRECTOR : | STAFF | X | 12. DATE S | 6/85 |
| HOSPI ained b FUNE bauld be ith the Si | | 22d. PHYSICIAN'S NA Chā | ME (TYPE OR PR | | M.D.() | | c/o 1 | | d Genera | 1 Hos | spital | L | |

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

24 FUNERAL DIRECTOR 3631 Falls Rd 21211

12/17/85

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

PARKWOOD Cemetery

Baltimore, Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION

CITY OR TOWN

STATE

of the heart.

29th & Howard Sts. LAST

16430088

period statement indicates arrest and an entirely

performed wearingthis

anger present transport day

Contract Call of the

777.0

within 24 hours ofter

ATTENDING PHYSICIAN: The low

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

| | 3 | 17 | 4 | - | 4.3 |
|---|---|----|---|---|--------|
| 5 | 2 | 5) | V | | 46 149 |
| | | | | | |

| j | 1 - STATE REGISTRAR | DETA | CERTIF | ICATE OF DEATH | REG. N | 0. | | | | |
|---|--|---|------------------|--------------------------------|------------------------------|--------------------------------|---------------------|----------------------------------|--|--|
| 1 | 1. DECEASED NAME FIRST | WIDDLE | | AST | 20. DATE OF DEATH | MONTH DAY | Y YEAR | 26 HOUR | | |
| | GEORGE | E A | CC | OK | | 12 7 | 85 | 3:45A M | | |
| V | 3 SEX | 4 RACE | 5. DATE C | | 6. AGE LIN YEARS LAST BH | THDAY) IF | UNDER TYEAR | IF UNDER 24 HRS | | |
| j | MALE | BLACK | MONTH | 17 22 | 63 | | NIHS DAYS | HOURS MIN. | | |
| | 70. BIRTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHAT COUNT | RY? 8. | | - 9 BALTIMORE CITY C | R COUNTY O | FDEATH | | | |
| | COUNTRY) | 410 | | D NEVER MARRIED | | | | | | |
| - | MARY I AND 10. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUI | RSING HOME C | | 120 USUAL OCCUPAT | ION | 12h KIND C | OF BUSINESS OR | | |
| 1 | | (IF NOT IN SUCH FACILITY, GIVE ST | TREET ADDRESS] | | (TYPE OF WORK FOR MOST O | | INDUSTRY |) | | |
| - | BAITIMORE | VAMC, Baltimo | | yland 21218 | RETIREI |) | | | | |
| | USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COUR | NTY 136 CITY OR T | | 138. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | | | | |
| 0 | MARVIAND | BALTIM | ORE | YEX NO | 3504 FAIRU | IEW AVE | E. 212 | 207 | | |
| | 14 FATHER'S NAME | MIDDLE LAST | | 15. MOTHER'S MAIDEN N | AME MIDDLE | | LAS | * | | |
| | GEORGE | | OOK | AGNES | Moore | PRO | | | | |
| | 160 WAS DECEASED EVER IN U.S. AR | RMED FORCES? 166 SOCIAL S | ECURITY NO. | 17 INFORMANT | ADDR | | - 51.1 | | | |
| | VFS | VE WAR OR OATES) | | ELIZABETH I | FF 2121 WTM | SOR GAR | OFN I | ANF 2121 | | |
| | | nly one couse per line far (a). (b) | and ic | LLIENUCIII | CC CICI WIND | SUK UNI | | MATE INTERVAL ONSET AND DEATH | | |
| | PART I. DEATH WAS CAUSE | DBY. | Lopuls | MOMALIA C | MARCOT | | BCIWEEN | ONSET AND DEATH | | |
| | IMMEDIA | TE CAOSE (O) | , | TO TO CO | www. | , | | | | |
| | Conditions if you think | DUE TO, OR AS A CONSE | PUCL Q | and appearing | 20 6/200 | 1 | 11-7 | 7-75 | | |
| | Canditions, if any, which gave rise to immediate | (b) | Pruces | ele inacci | ace brooks | 7 | 11 2 | . / / / / | | |
| | couse (a), stofing the Underlying cause last. | | | | | | | 78 | | |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV | | | | | | | 1410 | | |
| | PART 2 OTHER SIGNIFICANT | IN PART 10 | a | | | | | | | |
| | 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | | | | | | | | | |
| P | 190 DATE OF OPERATION | 196 CONDITION FOR WH | TICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, V IN CERTIFYIN | VERE FINDING CAUSES | OF DEATH? | | |
| | E L | | | | YES NO | YES [| | NO 🗆 | | |
| | | 216. TIME OF INJURY | DAY YEAR | 21c. HOW INJURY OCCU | RY IN ITEM 18 PART | Y IN ITEM 18 PART I OR PART 2) | | | | |
| | (IF EITHER NOTIFY MEDICAL EXAMINER | em - | 19 | | | | | | | |
| | OR CONTRIBUTING C CAUSE OF DE. | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF | HEE EARM ETC.) | 211 LOCATION | CITY OR TO | wN | COUNTY | STATE | | |
| 1 | AT WORK NOT WHILE | TAT HOME, STREET, PACTORY, OFF | ICE, PARM, ETC) | 31122 | | | | 3.4.2 | | |
| | 22a. I certify that X (this haspi | ital) attended the deceased fro | m_NOVEM | RER 28 19 85 | | TR 7 19 | 95 | that H (we) last | | |
| | sow the deceased alive on | DECEMBER 7 | 9.85, ar | nd that in (nX) (our) opinia | in death accurred on the d | ote and hour o | nd from the | causes stated | | |
| | 22b. SIGNATURE | it, view the body differ death | | DEGREE | | | 22c. DATE | | | |
| | 1 XXIII | mil or 11 | us | ATTENDING | MEDICAL STA | FF. | | | | |
| | 22d. PHYSICIAN'S NAME TYPE O | 7 00 | | PHYSICIAN DIRECTOR PHYSICIAN 2 | | | | | | |
| | & Bring | CO. 1135 | | | | | 21016 | | | |
| | J. Our | 0007 | | | timore, Mary | Tand 2 | 21218 | | | |
| | 23a BURIAL, CREMATION, REMOVAL (SPECIFY) | 23b. DATE 2 | 73c NAME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | c | OUNTY | STATE | | |
| | BURTAL | 12-11-85 | GARRISO | N FOREST VET | | | | VIAND | | |
| | 24 FUNERAL DIRECTOR | | | 25g. D. | ATE REC'D. BY REGISTRAR | | | | | |

AODRESS

MONROF ST

1721 N.

DHMH - 16 60M 7/84

NAME

PHILITPS

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, should be detached far use as the burial-transit permit. Their please remove carbani with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or rem

(VRA 15, 4)

BP.

FUNERAL DIRECTOR. eroined by the hospitol TO HOSPITAL

DEC 1 6 1985

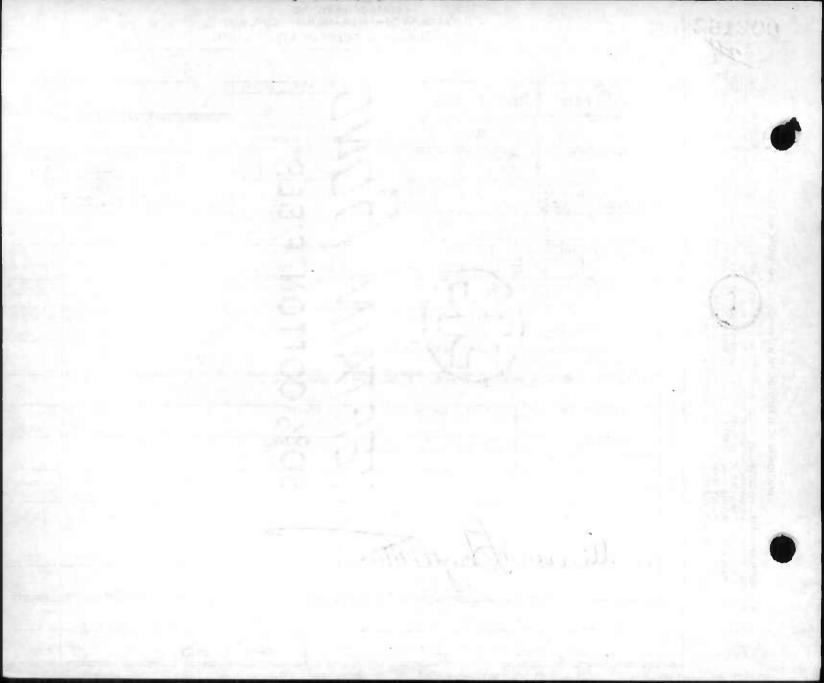
| 1.057 | 1 - | FOR STATE REGISTRAR | DEPAR | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | | | | | | |
|--|---------------|---|--|--|--|---|--|--|--|--|
| 100 | | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR | | | | |
| deoth deoth | (| John | Oren | Cook | 12 | 11 8C 0.CM- | | | | |
| l bod 1 | 3. SE | X | 4 RACE | , S. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. | | | | |
| necto ars o | | ale | white | 10 27 09 | 76 YRS | | | | | |
| g | 7a. B | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | BALTIMORE CITY OR COUN | | | | | |
| dea | | alto. Md. | U.S.A. | WIDOWED DIVORCED | | ity MD. | | | | |
| by the | 1 | Balto | St. Agnes F | * | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | 126. KIND OF BUSINESS OR INDUSTRY | | | | |
| d hou | 13a. S Ma | AL RESIDENCE (IF NURSING HOME O STATE ATYLAND 138, COLI BALT WITHER'S NAME FIRST John Cook | | S 13d. INSIDE CITY LIMITS? S YES NOTHER'S MAIDEN N FIRST | 13e.STREET ADDRESS / ZIP CO 5552 Ashbau AME MIDDLE phine Huffington | rne Rd. 21227 | | | | |
| 2 | 1 0 | VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES, GI Yes | | CURITY NO. 17. INFORMANT | Addie) Cook 5552 | THE PERSON | | | | |
| physicia on popers emovol. | | | nly one cause per line for (a), (b) of ED BY: TE CAUSE (a) | ac arrest | | APPROXMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| quires that the deoth signed by the attend then pleose remove ca the buriel, cremation, a njury, or other traumain | NO | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (| DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO | | minal Disease or condition of | | | | | |
| The low re cion. The has been sit permit. I giene prior. | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | IN CER | YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO N | | | | |
| GLIAN: T g physici g physici entificate riol-tronsi ental Hyg ental Hyg | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH | DAY YEAR 21¢ HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN ITEM I | 8 PART I OR PART 2) | | | | |
| ottendin ter this of the burk hand Me | MEDICAL | 214 INJURY OCCURRED WHILE OF WORK AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE | FARM, ETC.) 216 LOCATION STREET | CITY OR TOWN | COUNTY STATE | | | | |
| spitol or CTOR: Ai for use of Healt | | | tal) attended the deceased from 19 19 view the bady after death. | ond that in (m) (our) opinion | n death occurred an the date and h | that (1) (we) last aur and fram the causes stated | | | | |
| ITAL OR A by the hos. RAL DIREC detached tate Dept | | 276 SIGNATURE CALLES | Within | | MEDICAL STAFF DIRECTOR PHYSICIAN | 22t. DATE SIGNED | | | | |
| O HOSPITAL etained by the TO FUNERAL should be det with the State MAPORTANT: | | 22d PHYSICIAN'S NAME (INDEC | | ELICRIDGE | 5-WASHINGTON MD 21227 | BLVD | | | | |
| BP | (| URIAL, CREMATION, REMOVAL SPECIFY) Burial | DEc 16, 1985 L | | Baltimore Mar | yland state | | | | |
| OHMH - 16 60M 7/84 (VRA 15, 4) | Z4 FL | NAME Harry | H Witzke & Fami umbia Pike Elli | ly Funeral Home 250 DA | SEC 1 3 1985 | STRAR'S SIGNATURE TO STRAIN STRAIN | | | | |

f for 2 min again .5-

07/84 25M

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 0024 | 62 | FOR STATE | | | | DEPART | STA MENT OF | | AARYLAI I AND M | | HYGIE | E 5 | | 3 3 | 5 | 9 | • [|
|---|---|---|---|---|--|---------------------------------------|---------------------------|-----------------|--------------------|--------------|------------|--------------------|---------------------------|------------------------|-------------------|----------------------|-----------------------|
| nd | 4 | REGIS | TRAR | FIRST | ME | DICALI | EXAMIN | ER'S | ERTIFI | CATE | OF DE | | REG. | | | | |
| ASE ES. IRS | L E | (TYPE OR PRI | | Harry | Wa | llace | | | Cooke | Sr | | OF. | KNOWN ESTI- MATED | | | 9 85 | 2b HOUR |
| RY, PLE DIRECTO DUR FIL 72 HOL | ON STRE | Male | 4 RA | ce hite | June 3, | | 6. AGE (IN YE. | ARS IF UN | IDER 1 YR. | HOURS | R 24 HRS. | PRONOU DEA | NCED | MONTH 1.2 | DAY | YEAR 19 85 | 2d HOUR 4:13] |
| JUNERAL FOR YI | Sees S | 7a. BIRTHPLA FORFIGN C VITG. | ACE (STATE OF DUNTRY) | | 76. CITIZEN OF W | | TRY? | 8 MARR WIDOW | IED 🔏 NE | VER MAR | | | more city imore | | NTY OF DE | | AAD |
| MD. 21201 H. IF ANY DELAY IS NECESSARY, PLEASE. 2. AND 3 TO THE FUNERAL DIRECTOR. 1. 3. RETAIN PAGE 5 FOR YOUR FILES. 2. SHOULD BE FILED, WITHIN 72 HOURS | 00 | 1 | timore | ATH | 11. NAME OF HOS (IF NOT IN SUCH FA 300 Blk | CILITY, GIVE ST | TREET ADDRESS) | | | TION | FOR | | PATION (T | | 12b KINI OR | D OF BUS | Y |
| ANY DE AND 3 TA RETAIN HOULD B | SECORD | USUAL RESI | | 136. COUN | OR OTHER INSTITUTION, G | VE RESIDENCE 13c. CITY | BEFORE ADMISSE OR TOWN | ON) | 13d. INSIDE (| TITY LIMITS? | | REET ADDR | ESS Woodv | ale C | t. 21 | 221 | E |
| - F-20 | 53 | 14. FATHER'S | | Edgar | MIDDLE Cooke | 15. MOTHER'S MAIDEN NAME FIRST MIDDLE | | | | | | 1A | Sī | | | | |
| AATTIMORE, AFTER DEA | Noision 2 | (YES, NO, C | CEASED EVE OR UNKNOWN) ES | (IF YES, GIVE | WED FORCES? WAR OR DATES) W II | | 1AL SECURIT 20-345 | | Mrs. | | C. Co | ooke | ADDRE Sal | me as | : # 13 | 1 | |
| L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUN "PEDIOUS" IN PENCIL, I 11EM 18, F. MEDICAL EXAMINER ALOS TO AS A BURIAL - TRANS. | ALTH AND MENTAL HYNGENE D CREMATION, OR REMOVAL: | PART 2 | Conditions, if gove rise to ouse (o) stating ying couse los | MAS CAUSEI IMMEDIAT ony, which immediate ig the under- it. | TE CAUSE (o) AY DUE TO, OR (b) | terio as a con as a con | sclero | OF OF | | | | dise | ase | | | ROXIMATE EN ONSET | INTERVAL AND DEATH |
| SHOULD BE EX OND "PENDING CHIEF MEDIC E USED AS A B | OF HEALT | CERTIFICATION 13 TO 1 T | ATE OF OPER | RATION | 19h. CONDI | TION FOR V | WHICH OPER | ATION W | AS PERFOR | MED? | | | 2 - 11 - 1 - 1 | | | TOPSY? | |
| NNER: THIS CERTIFICATE SHOULD BE EXEC FICATE, WRITING THE WORD "PENDING" F FORWARDED TO THE CHIEF MEDICAL CTOR: PAGE 3 SHOULD BE USED AS A BUR | THE DEPARTMENT 201 PRIOR TO BU | CONT | E ORK | OR CAUSE OF D | 21e PLACE | MONTH | 19 (AT HOME, | 21f. LO | CATION TREET | OCCURE | RED (ENTER | CITY OR TO | NJURY IN ITEM | | | | NO X |
| TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORW. | TER DEATH, WITH THE STA LTIMORE, MARYLAND, 21 | deot ACTU SIGN | a. I certify tho | Natur | e of the remoins the alsource X | facident USV | With | Autop | , Homic | Inspecto | Unde | Inquiry termined m | onner | DATI | 10 | 2/27/ | [/] 85 |
| 2 8 P DHMH - (VR A15 M | 17 | 24 FUNERA | Buria LDIRECTOR | 1 | 12/30/85 | Ea | nes Ce | METERY O | r CREMATO | 250. DAY | I | Y REGISTRA | erwood ar 25b. REG | Vi GISTRAR'S | OGINI SIGNATUI | RE | |



352073 deoth certificate be executed within 24 ho

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the

ATTENDING PHYSICIAN: The law

TO HOSPITAL

etained by the hospital or attending physician.

director, page 3 hours ofter death

STATE OF MADVIAND

| 3 | HAIR UP | MAKIL | AND | |
|------------|---------|--------|--------|---------|
| DEPARTMENT | OF HEAL | TH AND | MENTAL | HYGIENE |
| CEI | RTIFICA | TE OF | DEATH | |

| | STATE | | | CERTIF | EALTH AND MENTAL HYG ICATE OF DEATH | REG. NO. | | |
|------------------|--|--|---|--|--|--|---|--|
| | OR PRINTS | IRS1 | MIDDLE | į. | AST | 20 DATE OF DEATH MONTH | DAY YEAR | 25 HOUR |
| | | IRGINIA | M. CO | OKSON | V | DECEMBER 12, 19 | 985 | 10:46 |
| 3 SEX | (| 4 RACE | | S. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 H |
| | FEMALE | WHIT | TE | JAN | | 77 YRS | MONTHS DATS | HOURS M |
| | RIHPLACE (STATE OR FORE | IGN 76 CITIZEN O | F WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY OR COUN | ITY OF DEATH | |
| | MARYLAND | 4.5 | A. | WIDOWE | | Baltimore | Citu | |
| | TY OR TOWN OF DEATH | 11. NAME O | F HOSPITAL, NURSING | HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 12b KIND | OF BUSINESS |
| | Baltimore | | uch facility, give street at land Genera | | ospital | MANAGER | GIFT | Annual Contract of the Contrac |
| USUA 13a. S | AL RESIDENCE (IF NURSING | | | (DMISSION) | 13d. INSIDE CITY LIMITS? | | | |
| | MARYLAND | COUNTY | BALTIMO | | YES THE NO T | 301 MCMECHEN | | 1217 |
| | THER'S NAME | | | | 15. MOTHER'S MAIDEN NA | ME | 97. | |
| | EDWARD | SAMUEL | MATHI | EPS | VIRGINII | WIDDLE | CA | RR |
| | VAS DECEASED EVER IN | U.S. ARMED FORCES | | | 17 INFORMANT | ADDRESS | | Prog Proge |
| [YI | (ES NO OR UNKNOWN) | FYES GIVE WAR OR DATES) | 721.16.9 | 1/27 | N. WILLIAM COOKSE | a.1 55 | C. D. ALD | 17 |
| | 18 CAUSE OF DEATH (E PART I. DEATH WAS | | | | IN MILLIAM COOKS | ON ELLICOTT | | XIMATE INTERVAL |
| | | hich iote the lost DUE TO, | OR AS A CONSEQUEN | nferi NCE OF ricul | or Myocardial ar Aneurysm | 140 40 40 | | |
| 윤 | gave rise to immed cause (a), stating underlying cause I | hich (b) ote the DUE TO, (c) CANT CONDITIONS | Lateral I: OR AS A CONSEQUEN Left Vent: | nferi NCE OF ricul EATH BUT | ar Aneurysm | 20a AUTOPSY? 20b IF 1 | YES, WERE FIND TIFYING CAUSE | INGS USED S OF DEATH? |
| 윤 | gave rise to immed cause (a), stating underlying cause I | hich iote the DUE TO, cost (c) CANT CONDITIONS. | Lateral Ti OR AS A CONSEQUEN Left Vent: CONTRIBUTING TO DE | nferi NCE OF ricul EATH BUT | ar Aneurysm NOT RELATED TO THE TERM N WAS PERFORMED | 200 AUTOPSY? 200 IF YES NO PORTION CER | YES, WERE FIND TIFYING CAUSE YES | INGS USED |
| CERTIFIC | gave rise to immed cause (o), stating underlying cause I PART 2. OTHER SIGNIFIE 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERNOR CONTRIBUTING CAUS | hich iote the DUE TO, lost. (c)_CANT CONDITIONS. N 19b. CON VING | Lateral Ti OR AS A CONSEQUEN Left Vent CONTRIBUTING TO DE DITION FOR WHICH CO OF INJURY A.M. MONTH DAY | nferi | ar Aneurysm NOT RELATED TO THE TERM N WAS PERFORMED | 20a AUTOPSY? 20b IF 1 | YES, WERE FIND TIFYING CAUSE YES | INGS USED S OF DEATH? |
| CERTIFIC | gave rise to immed cause (o), stating underlying cause I PART 2. OTHER SIGNIFIE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERN | cant conditions. b) | Lateral Ti OR AS A CONSEQUEN Left Vent CONTRIBUTING TO DE DITION FOR WHICH CO OF INJURY A.M. MONTH DAY P.M. | nferi NCE OF ricul EATH BUT | AT ANEUTYSM NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI | 200 AUTOPSY? 200 IF Y YES NOT | YES, WERE FIND TIFYING CAUSE YES 8 PART 1 OR PART 2) | NGS USED S OF DEATH? NO |
| CAL CERTIFIC | gave rise to immed cause (o), stating underlying cause I PART 2. OTHER SIGNIFI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERNOR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED | CANT CONDITIONS I 19b. CON | Lateral Ti OR AS A CONSEQUEN Left Vent CONTRIBUTING TO DE DITION FOR WHICH CO OF INJURY A.M. MONTH DAY | nferi NCE OF ricul EATH 8UT OPPERATION (YEAR 19 | ar Aneurysm NOT RELATED TO THE TERM N WAS PERFORMED | 200 AUTOPSY? 200 IF YES NO PORTION CER | YES, WERE FIND TIFYING CAUSE YES | INGS USED S OF DEATH? |
| MEDICAL CERTIFIC | gave rise to immed cause (a), stating underlying cause I PART 2. OTHER SIGNIFIT PART 2. OTHER 2. OT | hich iote the DUE TO, Icast. I | Lateral Ti OR AS A CONSEQUEN Left Vent CONTRIBUTING TO DE DITION FOR WHICH CO OF INJURY A.M. MONTH DAY P.M. STREET, FACTORY, OFFICE, FAR | NCE OF PICTURE PEATH BUT OPERATION YEAR 19 RM. ETC.) | AT ANEUTYSM NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR! 211. LOCATION STREET | 200 AUTOPSY? YES NO NOTION OF THE NATURE OF INJURY IN ITEM I | YES, WERE FIND TIFYING CAUSE YES B PART 1 OR PART 2) | NGS USED S OF DEATH? NO |
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| MEDICAL CERTIFIC | gave rise to immed cause (a), stating underlying cause I PART 2. OTHER SIGNIFI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER! OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE AT WORK 22a. 1 certify that (LK)this saw the deceased of | CANT CONDITIONS 19b. CON 19b. CON 19b. CON 21b. TIME BE OF DEATH CATHOME ! 15 hospital) attended | CONTRIBUTING TO DE DITION FOR WHICH CO OF INJURY A.M. MONTH DAY P.M. E OF INJURY STREET, FACTORY, OFFICE, FAR the deceosed from ber 12.10 | nferi NCE OF ricul EATH BUT OPPERATION (YEAR 19 RM. ETC) | PART ANEUTYSM NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR! 211. LOCATION STREET Aber 6, 19 85 Ind that in (Ky) (our) opinion of the company of the c | 200 AUTOPSY? YES NOTER NATURE OF INJURY IN ITEM I CITY OR TOWN MEDICAL STAFF | COUNTY | NGS USED S OF DEATH? NO STATE |
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| MEDICAL CERTIFIC | gove rise to immed couse of storing underlying couse of storing underlying couse of the storing couse of the stori | ANT CONDITIONS N 19b. CON TING 21b. TIME HOUR EXAMINER) 21e PLAC (AT HOME: (COMMENT OF PRINT) | Lateral Ti OR AS A CONSEQUEN Left Vent: CONTRIBUTING TO DE DITION FOR WHICH CO OF INJURY A.M. MONTH DAY P.M. E OF INJURY STREET, FACTORY, OFFICE, FAR the deceosed from ber 12, 19 by ofter depth | nferi NCE OF ricul EATH BUT OPPERATION (YEAR 19 RM. ETC) | PARENTYSM NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET 10ber 6, 19 80 Ind that in (My) (our) opinion DEGREE ATTENDING PHYSICIAN [22e. ADDRESS C/O Maryland | 20a AUTOPSY? YES NOTER NATURE OF INJURY IN ITEM I CITY OR TOWN TO December 1: deoth occurred on the date and h MEDICAL STAFF DIRECTOR PHYSICIAN General Hospit | COUNTY 2,19-85 OUT ON FOR THE DATE | NGS USED S OF DEATH? NO STAT |
| MEDICAL CERTIFIC | gove rise to immed cause (a) storing underlying cause I PART 2. OTHER SIGNIFIE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERNOON CONTRIBUTING CAUSE (IF ETHER, NOTIFY MEDICALE 2101. INJURY OCCURRED AT WORK 220. I certify that (Kithin sow the deceased a cause) 220. SIGNATURE 2202. SIGNATURE | ADVAL 23b. DATE | Lateral Ti OR AS A CONSEQUEN Left Vent; CONTRIBUTING TO DE DITION FOR WHICH CO OF INJURY A.M. MONTH DAY P.M. E OF INJURY STREET, FACTORY, OFFICE, FAR the deceosed from ber 12,19 ly ofter depth. | NEOF PICTURE AT A STATE OF COLUMN ASSOCIAL AME OF CL | PARENTYSM NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR! 211. LOCATION STREET DEF 6, 19 8, d that in (My) (dur) opinion DEGREE ATTENDING PHYSICIAN [22e. ADDRESS | 20a AUTOPSY? YES NOTER NATURE OF INJURY IN ITEM I CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN | COUNTY 2,19-85 OUT ON FOR THE DATE | NGS USED S OF DEATH? NO STAT that K (we) |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagei with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or remaval.

offending physician and c nove carban papers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

IMPORTANT: If Item 21 is marked or Item 18 shows ony

Page 4 may be

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate be

STATE OF MARYLAND CERTIFICATE OF DEATH

| DEC | NIO | |
|-----|-----|--|

3

| | REGISTRAR | | CERTIFICATE | DEATH | REG. NO. | | 1 |
|---------------|---|--|----------------------|------------------------------------|-----------------------------------|--------------------------|-----------------------------------|
| | EASED NAME FIRST | WIDDLE | ŁAST | | 20 DATE OF DEATH MON | TH DAY YEAR | 2b HOUR |
| (IAME C | DR PRINT) | in | Cooper | | December 4. | 1985 | 1:10 DM |
| 3. SEX | | 4. RACE | 5. DATE OF BIRTH | | 6. AGE (IN YEARS LAST BIRTHDAY | IF UNDER I YEAR | IF UNDER 24 HRS |
| | Female | Black | MONTH DAY | (1 | 7升 | YRS MONTHS DAYS | HOURS MIN. |
| Jo BIR | THPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY | Y? 8 MARRIED NEVE | R MARRIED | 9 BALTIMORE CITY OR CO | UNTY OF DEATH | |
| | 10. | USA. | WIDOWED [| DIVORCED | Baltimore Ci | itv. | MD. |
| 10 CIT | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | ING HOME OR OTHER IN | NSTITUTION | 120 USUAL OCCUPATION | 12b. KIND C | F BUSINESS OR |
| В | altimore | (IF NOT IN SUCH FACILITY, GIVE STRE | | | Dome St. | KING LIFE) INDUSTRY | |
| | L RESIDENCE (IF NURSING HOME C | OR OTHER INSTITUTION, GIVE RESIDENCE BEF | ORE ADMISSION) | CITY LIMITS? | 13e STREET ADDRESS / ZIP | CODE | 21217 |
| Mai | ryland | Baltim | ore YES 🗓 | NO 🗌 | 1827 Chulin | | ve |
| 14 FAT | HER'S NAME | MIDDLE A LAST | 15 MOTHE | R'S MAIDEN N | AME | 0 (145 | T. |
| | lary and | Coop | er Sid | neu | | aday | m S |
| | AS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIAL SEC | CURITY NO. 17 INFOR | MANT | ADDRESS | | |
| 110 | S. NO OK GIAKNOWAY | 716-14-1 | 4342 Kill+ | on Ri | Penn - 749 L | enoy 5 | 4-21217 |
| | 18 CAUSE OF DEATH (Enter of | only one couse per line for (a), (b), | ond (c) | | 4 | APPROX BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| | PART I. DEATH WAS CAUS | ATE CAUSE (0) Acute | Myocardi | al Inf | arction | | |
| | | DUE TO, OR AS A CONSEO | UENCE OF | | | | |
| 6 | Conditions, if any, which | (b) Cons | 0 - 1 | st fa | ilure | | |
| 7 | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEO | LIENCE OF | | | | |
| 34 | underlying cause last. | | lar embo | lie pa | tholopy | | |
| | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELAT | ED TO THE TER | MINAL DISEASE OR CONDITIO | N GIVEN IN PART TO | 0 |
| CERTIFICATION | C.V.A.D | ementia, e | t. Breas | + ca | ncer (pos | + op). | |
| CAT | 90 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PER | FORMED | | IF YES, WERE FINDING | |
| TIE | _ | | | | YES NO | YES [| NO [|
| E E | 210. ACCIDENT WAS UNDERLYING | | DAY YEAR 21c HOW | INJURY OCCUI | RRED (ENTER NATURE OF INJURY IN I | TEM 18 PART I OR PART 2) | |
| AL | OR CONTRIBUTING CAUSE OF DE | CAIR | 19 | | | | |
| MEDICAL | 216 INJURY OCCURRED | 21e PLACE OF INJURY | 21f LOCA | TION | CITY OR TOWN | COUNTY | STATE |
| | WHILE NOT WHILE AT WORK | (AT HOME STREET FACTORY OFFICE | E FARM, ETC) | | | | 31.11 |
| | 22a. F certify that (1) (this hasp | oital) attended the deceased from | | 1985 | to NOV / | | that (I) (we) last |
| | | NOV 12 19 | 85 ond that in (n | ny) (aur) apinior | death occurred on the date o | nd hour and from the | course stated |
| | sow the deceased alive a | ot) view the body ofter death | | | | | £00363 310160 |
| | obove, (I) (Ne) (old) (did n | iot) view the body ofter death. | DEGREE | | | 22c DATE | |
| | obove, (l) (ne) (old) (did n | m Lao, mi | | ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN | _ 17/ | |
| | obove, (I) (oc) (od) (did n 22b. SIGNATURE | or Prince or Pri | | ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN | 12/1 | SIGNED 4/85 |
| | obove, (I) (oc) (od) (did n 22b. SIGNATURE | en Liao, mi | DEGREE 22e ADDR | ATTENDING PHYSICIAN RESS Rm. | Director Physician 215, Osler Med | 12/2 ical Cente | SIGNED 4/85 |
| - | Obove, (I) (Ne) (Old) (did n 22b. SIGNATURE 22b. PHYSICIAN'S NAME (TYPE | n Lao, mi iao, M.D. | DEGREE 22e ADDR | ATTENDING PHYSICIAN RESS Rm. Osler | DIRECTOR PHYSICIAN | 12/2 ical Cente | SIGNED 4/85 |

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR H. Powell - 1206 w. yorth are

25 PAJE RECD. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

JEL 1 1985 Julia Buildon - Rocker

The state of the s

BALTIMORE, MARYLAND 2120

W. PRESTON ST..

201

DIVISION OF VITAL RECORDS,

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

BIRTHPLACE

COUNTRY

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

DATE OF BIRTH MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

| 10 | IENE | | | W.7 | | 1 |
|----|---------------------------|---------|----------|--------|-----------|--------|
| | REG. N | 0. | | | M. | |
| | 20 DATE OF DEATH | MONTH | DAY | YEAR | 2b HOU | R |
| | i | 2 | 23 | 85 | 630 | PAN |
| | 6. AGE (IN YEARS LAST BIR | (THDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
| | 78 | YRS | MONTHS | DATS | HOURS | MIN. |
| 7 | 9 BALTIMORE CITY C | R COUN | TY OF DE | ATH | | |
| | Baltim | a A e | 20 | : 4c | 0 | ME |
| | 12n USUAL OCCUPAT | ION | 12h | KINDO | E BLISINE | SSOR |

TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

MIDDLE

| Balt. | | MI | EMS? | |
|---------------|--------------------|------------------|-------------------|---------------------|
| UAL RESIDENCE | (IF NURSING NOME C | OR OTHER INSTITU | TION GIVE RESIDEN | CE BEFORE ADMISSION |
| N STATE | 133/ (01) | INITY | #10. CITY. | OD TOURS |

MIDDLE

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

4 RACE

aucas.

b. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d INSIDE CITY LIMITS? YES [NO 15. MOTHER'S MAIDEN NAME

MARRIED NEVER MARRIED

YEAR

DIVORCED

13e STREET ADDRESS / ZIP CODE 5 Heline

14. FATHER'S NAME FIRST CORR

(YES, NO OR UNKNOWN)

NO

"2 male

apriand

ID. CITY OR TOWN OF DEATH

I STATE OR FOREIGN

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

16b SOCIAL SECURITY NO 17 INFORMANT

ADDRESS Berthran 702

PART I. DEATHWAS CAUSED BY IMMEDIATE CAUSE (a)

DUE TO, OR AS A CONSEQUENCE OF

remorra

0

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Orthon De

Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.

DUE TO, OR AS A CONSEQUENCE OF

20b. IF YES, WERE FINDINGS USED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

71b. TIME OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

emorpouc. 21c HOW INJURY

IN CERTIFYING CAUSES OF DEATH? NO M

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY 19 211 LOCATION

STREET

OVE CITY OR TOWN

AT WORK AT WORK saw the deceased alive on bove, (I) (we) (did) (did not) view the body after death.

AT HOME STREET, FACTORY OFFICE FARM, ETC) 220 I certify that (1) (this hospital) attended the deceased fram_

21e. PLACE OF INJURY

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

20s AUTOPSY?

22b. SIGNATURE

DEGREE

ATTENDING MEDICAL EXAMINER
STAFF
PHYSICIAMOLED DIRECTOR | PHYSICIAN

avye

22e AGOVESSION MIEMSS

MA

MPORTANT the St

0

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8

à

MEDICAL

bei

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 12/27/85

23-MAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

23d LOCATION Baltimore

Maryland

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

removed the property was a series and

| | 157 | 01 | 2 |
|--|-------------|--|---|
| 5 | тау ре | poge 2 sr death | 2 |
| 4 | Pope 4 | the been signed by the attending physician and commerce. Filled in by the funeral director, page 2 permit. Their please remove carbon pages: Page 1 and 2 and behind within 72 hours after deart the principle compression of removal. | Some supplied of the state of the medical band of the control of the supplied |
| | the death | to funero | 17 |
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| BALTIMO | 20 20 | rsicion or open. Pos | t, the ma |
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| V. PREST | the deo | the other remove | her Houm |
| S. 201 W | out that | gned by en please burial, c | my, or of |
| RECORDS, 201 W. PRESTON 31., BALLIMORE, MARYLAND 21201 | po sp | us been signed by the attending physic permit. Their please remove corbon popular ne aniot to bursoil, cereadian, or semoval | a any mp |

FOR STATE REGISTRAR

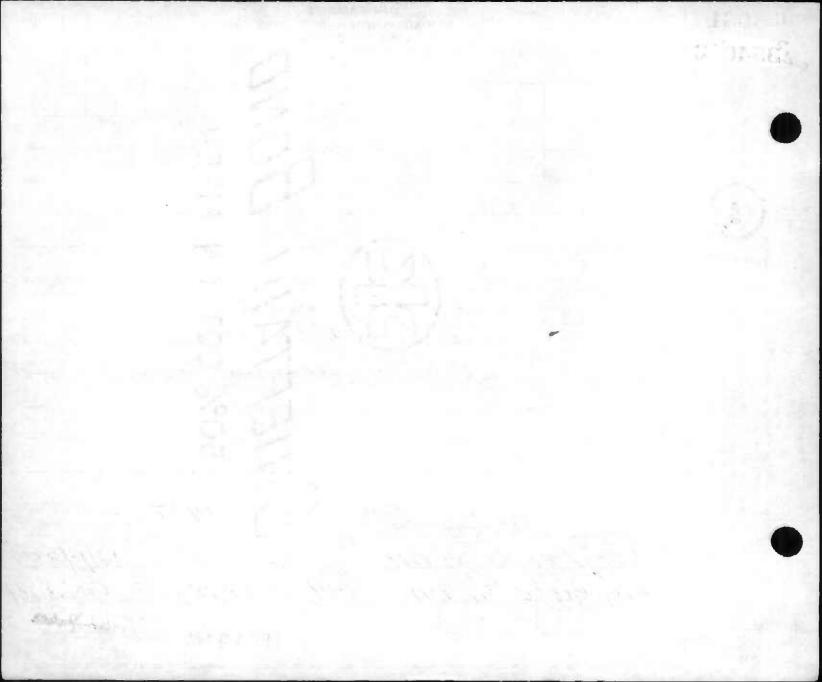
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| - | |
|-----|-----|
| 0 | |
| REG | NO. |

3 3 0

| | | CEASED NAME FIRST | MIDDLE | L | LAST | 20 | DATE OF DEATH | ONTH | DAY YEAR | 2b HOUR |
|----|---------------|--|---|-------------------|-----------------------|-------------|-----------------------------------|-----------------|------------------------|---------------------|
| 1 | TITPE | Robert | Lee | Coo | per | 100 | 1 | 2 | 17 1985 | M |
| 3 | (5E) | | 4 RACE | 5 DATE C | OF BIRTH | | AGE (IN YEARS LAST BIRTH | DAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| 1 | | male | black | 10 | 22 19 | 19 | 66 | YRS | MONTHS DATS | HOURS MIN. |
| 47 | | RTHPLACE (STATE OR FOREIGN) | b. CITIZEN OF WHAT COUN | VTRY? 8 | D X NEVER MARRI | FD 7 | BALTIMORE CITY OR | COUNT | OF DEATH | |
| 71 | - | eorgia | USA | WIDOWE | | 100 | Baltimore | cit | у | MD. |
| 1 | 0. CI | Baltimore | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 2308 Druid | | | | Type OF WORK FOR MOST OF Retired | | E) INDUSTRY | BUSINESS OR PE & de |
| 3 | HUA | AL RESIDENCE LIF NURSING HOME OF C | OTHER INSTITUTION, GIVE RESIDENCE | BEFORE ADMISSION) | | | | - 100 | | o. Heade |
| 1 | 1,016. 3 | Md 13b COUN | | timore | YES X NO | | 2308 Druic | ZIP CODI Par | k Drive | 21215 |
| 1 | 4. FA | THER'S NAME | | C IIIIOI C | 15. MOTHER'S MAIL | | | 1 41 | K DI IVC | 21210 |
| зŀ | 2 | JOHN ^{FIRST} | COO | PER | MARTHA | | MIDDLE | | CAME | RON |
| t | 6a V | VAS DECEASED EVER IN U.S. ARA | | SECURITY NO. | 17 INFORMANT | 100 | ADDRES | S | OTHIL | 11011 |
| 1 | () | YES, NO OR UNKNOWN) (IF YES GIVE | 215-38 | 3_7735 | ANNIE BE | LLE C | OOPER 2420 | Bake | r Street | t |
| F | | 18 CAUSE OF DEATH Enter only | | | | | | | APPROXIM BETWEEN OF | ATE INTERVAL |
| П | | PART I. DEATH WAS CAUSED | CAUSE (o) Nes | mat | Ran 6 | and | 1 | | | |
| Т | | 1777 | | CEOUENICE OF | 111 | 1- | | • | | |
| 1 | | Canditians, if any, which | DUE TO, OR AS A CONS | ALLA / | molestar | u. | disas | 0 | | |
| П | | gave rise to immediate | (6) | | 100000 | | | | | |
| 1 | | cause (a), stoting the underlying couse lost | DUE TO, OR AS A CON | SEQUENCE OF | 0 | | | | | |
| 1 | | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTIN | G TO DEATH BUT | NOT BELATED TO T | LIE TERMINI | AL DISEASE OF COND | TIONICA | (ENLINEDAD?) | |
| ı | Z O | TAME OTTER STOTEM CALLY | SADITIONS CONTRIBUTION | O TO DESIN BOT | NOT KELATED TO TE | TIE TERMINA | AL DISEASE OR COND | HON GI | EIN IN PART SIG | |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATIO | N WAS PERFORMED |) | 20a AUTOPSY? | 20b. IF YE: | S, WERE FINDING | GS USED |
| / | TIFIC | | | | | | YES NOT | | YING CAUSES C | NO [] |
| 1 | G | 210 ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | L SAV MELS | 21c HOW INJURY | OCCURRED | ENTER NATURE OF INJURY | | | |
| | | OR CONTRIBUTING CAUSE OF DEAT | HOUR A.M. MONTH | H DAY YEAR | | | | | | |
| 1 | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | 20.00 | 211 LOCATION | | | | | |
| 1 | × | WHILE NOT WHILE | (AT HOME STREET FACTORY, C | OFFICE FARM ETC) | SIREET | | CITY OR TOW | N | COUNTY | STATE |
| 1 | | 22a 1 certify that (1) (this hospite | ol) ottended the deceased | ram FR | LP 19 | 85 | to /2/ | 17 | 19 85 11 | not (I) (we) lost |
| Т | п | sow the deceased alive on_ | 11/2 | | nd that in (my) (our) | opinian dec | oth occurred an the dot | e and hou | | |
| 1 | | 17h SIGNATUM | view the body offer deoft. | | DEGREE | | | | 22c DATE & | |
| L | | X012/20 | allen > | mr |) ATTEN | DING | MEDICAL STAFF | | 12/1 | 10/85 |
| 1 | | THE PHYSICIAN AND THE ON | MINITE A | 1111 | 22e ADDRESS | CIAIN LATE | DIRECTOR PHYSICIA | 414 | 1/0// | 700 |
| 1 | | RAY Broo | LE TE 1 | un | 844 | N. | CAVEN | 5 | t. Cn | K, 21211 |
| 2 | | BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c NAME OF C | EMETERY OR CREMA | ATORY | 23d. LOCATION | | -// | 1 was |
| | (| Burial | 12/23/85 | | re Nat Ce | | Baltimo | rer e. | COUNTY | Portion. |
| 2 | 4 FL | JNERAL DIRECTOR | | | | 250 DA | | | RAR'S SIGNATU | RE |
| M | !il | liam C. March F | /H West 4300 | Wahash | Avenue | الل | 0 1 3 1009 | | | |
| - | | | , | HADUSII / | TACITAC | | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)



(VR A15 ME (5))

STATE OF MARYLAND

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| DIVISION OF VITAL RECORDS, SOL W. PRESION ST., DALLIMORE, MARITEMEN | ó | |
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| | TO HOSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be executed with | comed by me mospinor of offerianing projection. |
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FOR STATE REGISTRAR

| STATE OF MARYLAND | |
|---|--|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE | |
| CERTIFICATE OF DEATH | |

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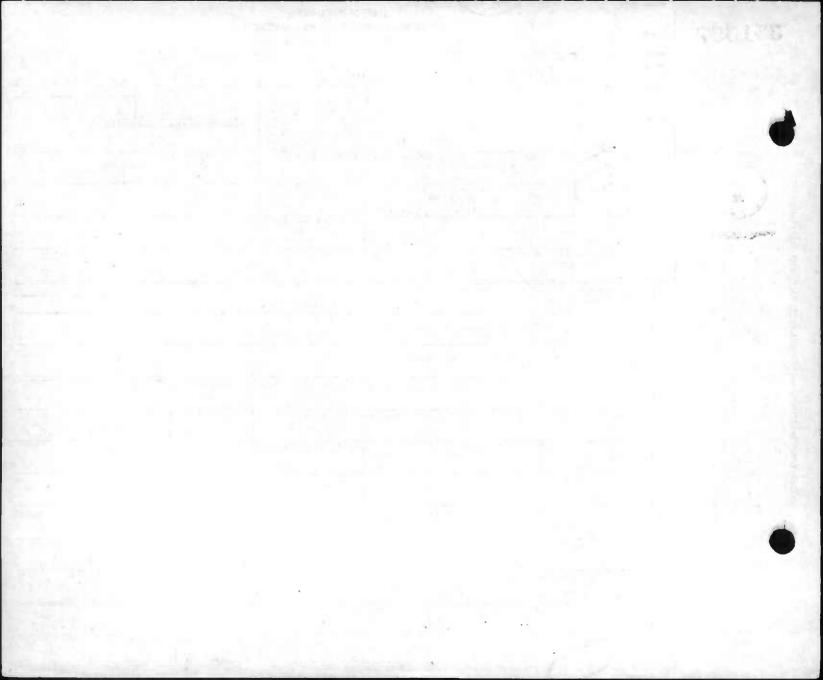
| | | | | | REG. NO |). | | |
|-----|---|---|-------------------------------------|------------------|---|-----------------------|------------------------------|-----------------------|
| 1 | . DECEASED NAME FIRST (TYPE OR PRINT) | WIDDLE | LAST | 2 | O. DATE OF DEATH | MONTH DAY | YEAR 2b. I | HOUR |
| | Alb | ert Joseph | Corrigan | | Decemb | er 11 | 1985 | M |
| 3 | SEX | 4 RACE | 5. DATE OF BIRTH | | AGE (IN YEARS LAST BIRTH | | | INDER 24 HRS |
| 1 | Male | White | March 2 | 1925 | 60 yı | CS YRS. | DAYS HOL | URS MIN |
| P | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTR | MARRIED W NEVER M | APPIED D | BALTIMORE CITY OF | | EATH | |
| 7 | Maryland | U.S.A. | WIDOWED DIV | ORCED | Balti | imore | | MD. |
| 7 | O. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR | | | 26. USUAL OCCUPATION TYPE OF WORK FOR MOST OF | | KIND OF BU | |
| 1 | Baltimore | 277 S. Ballo | ou Court | | Machine (| | | |
| A T | JSUAL RESIDENCE (IF NURSING HOME OR 30 STATE 1136 COUN | | | | Be STREET ADDRESS | | | |
| > | Maryland == | - Balti | | | | allou C | ourt | 21231 |
| 1 | 4. FATHER'S NAME | MIDDLE LAST | | MAIDEN NAME | WIDDLE | | | |
| | Francis | | | nna | WIDDLE | Sc | hulitz | |
| 1 | | MED FORCES? 16b SOCIAL SE | | | ADDRES | | 212 | |
| | yes WWI | II 212 20 | 0730 Viol | a Corr | igan 277 | S. Bal | lou C | ourt |
| Г | 18 CAUSE OF DEATH (Enter on | ly one couse per line for (a), (b), | ond (c) | | | | APPROXIMATE BETWEEN ONSET | INTERVAL AND DEATH |
| | PART I. DEATH WAS CAUSEI IMMEDIAT | E CAUSE (0) RESPI | KATORY FA | 1LU LE | | | | |
| 1 | | DUE TO, OR AS A CONSEC | DUENCE OF | | | | | |
| | Conditions, if ony, which | (16) LUNG | CANCER. | | | | -30 | |
| | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEC | DUENCE OF | | | | | |
| 1 | underlying couse lost. | (c) | | | | | | |
| | PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING T | O DEATH BUT NOT RELATED | TO THE TERMINA | AL DISEASE OR COND | ITION GIVEN IN | PART 1(o | |
| | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | | | | | | |
| | 190. DATE OF OPERATION | 196. CONDITION FOR WHI | CH OPERATION WAS PERFOR | MED | 20e AUTOPSY? | 10b. IF YES, WER | E FINDINGS U CAUSES OF D | JSED EATH? |
| | 210. ACCIDENT WAS UNDERLYING | 1 11 THE OF BUILDY | Tan was | | YES NO | YES 🗌 | | |
| 8 | 00.00.00.00.00.00 | THE HOUR A.M. MONTH | DAY YEAR | URY OCCURRED | (ENTER NATURE OF INJURY | IN ITEM 18, PART 1 OR | PART 2) | |
| | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED | P.M. | 19 | | | | | |
| | 216 INJURY OCCURRED WHILE NOT WHILE | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC | CE, FARM, ETC.) 211 LOCATION STREET | N | CITY OR TOWN | v coi | YTAL | STATE |
| | AT WORK | | - 1 | | 137 | | | |
| | 220.1 certify that (I) (this hospit sow the deceased alive on | 12/4 | 0/ | , 19 | , to 12/11 | | | (I) (we) lost |
| | obove, (I) (we) (did Tdid not | yiew the body ofter death. | | our) opinion deo | oth occurred on the dot | | | |
| | 226. SIGNATURE | Alral Bi | DEGREE | TENDING | MEDICAL STAFF | | c. DATE SIGN | IED |
| 4 | 13. Jec 100 | Trues ou |) /h') PI | | DIRECTOR PHYSICI | ANA | 12/11/ | 81. |
| 1 | 22d. PHYSICIAN'S/NAME (TYPE OR | / | 22e. ADDRESS | *11-5 1 | 624. 10 1 | 4521 | | |
| - | prenio | N HALL | | | WPKINS A | COPTIAL | - | |
| 23 | BURIAL, CREMATION, REMOVAL | | C. NAME OF CEMETERY OR CI | | 23d. LOCATION CITY OR TOWN | COUNTY | | STATE |
| 2. | Burial | Dec 13 1985 | Crownsville | | | | ndel | Md. |
| 1 | NAME | ADDRESS | 21231 | WE CIT | EC'D. BY REGISTRAR 2: | 5b. REGISTRAR'S | IGNATURE | 2 |
| | rilly & Zeller | ,Inc.1901 Ea | astern Ave. | 4 | U. 1000 94 | De Bayes Branch | 加 | 50 |

DHMH - 16 60M 7/73 (VR A 15 (4))

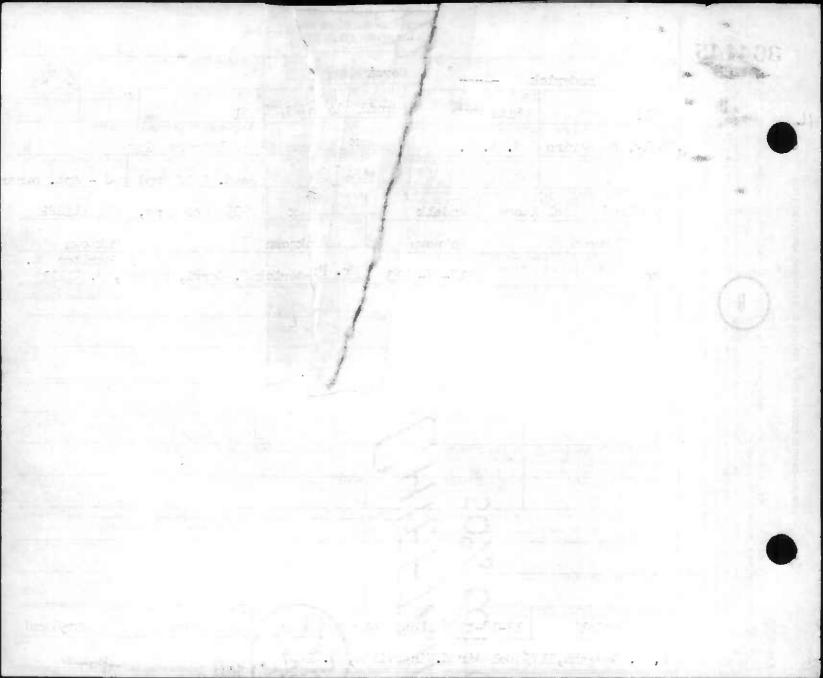
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbon-papers. Pages with the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the



| 5 | FOR STATE REGISTRAR | DEF ARTMENT OF HEALTH AND MENT | H REG. NO. 3 3 / 0 |
|-----------------------|---|--|--|
| 1. D | ECEASED NAME FIRST PE OR PRINT) Frederic | ck Corsi | 12 16 BS 26.18 |
| 3. 5 | | 4. RACE 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER |
| I | Male (| White April 15 196 | 04 81 YRS. |
| 70. E | BIRTHPLACE (STATE OR FOREIGN country) taly, San Marino | U. S. A. WIDOWED STORE IN ORCE | |
| 10.0 | al house | 11. NAME OF HOSPITAL, NURSING 1, ess) (IF NOT IN SUCH FACILITY, GIVE STREET ADDA) (IF NOT IN SUCH FACILITY, GIVE STREET ADDA) | ON 120. USUAL OCCUPATION 12b. KIND OF BUSINE INDUSTRY Retd. Self Employed - Apt. |
| USU 130. | JAL RESIDENCE (IF NURSING HOME (STATE 13b. COL | or other institution, give residence before admission 13d. Inside (ity liw timo to Dundalk yes not | AITS? 130. STREET ADDRESS |
| 3/1) | TATHER'S NAME UNKNOWN | MIDDLE LAST FIRST | DEN NAME MIDDLE LAST TOWN Unknown |
| 1 | WAS DECEASED EVER IN U.S. A 1/485, NO OR UNKNOWN) (IF YES, C | SIVE WAR OR DATES) | ADDRESS 2403 Charlton erick S. Corsi, Monkton, Md. 2111 |
| | Conditions, if ony, which | DUE TO, OR AS A CONSEQUENCE OF | |
| . Noi | gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT | DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE | |
| TIFICATION | gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF | 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT |
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ely filled in by the funeral director, page 3 should be filed within 72 hours after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-tronsit permit. They please were with the State Dept. of Health and Mental Hygiene prior to burial. crem TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that etained by the haspital or attending physicion

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DHMH - 16 50M 1/81 (VRA 15, 4)

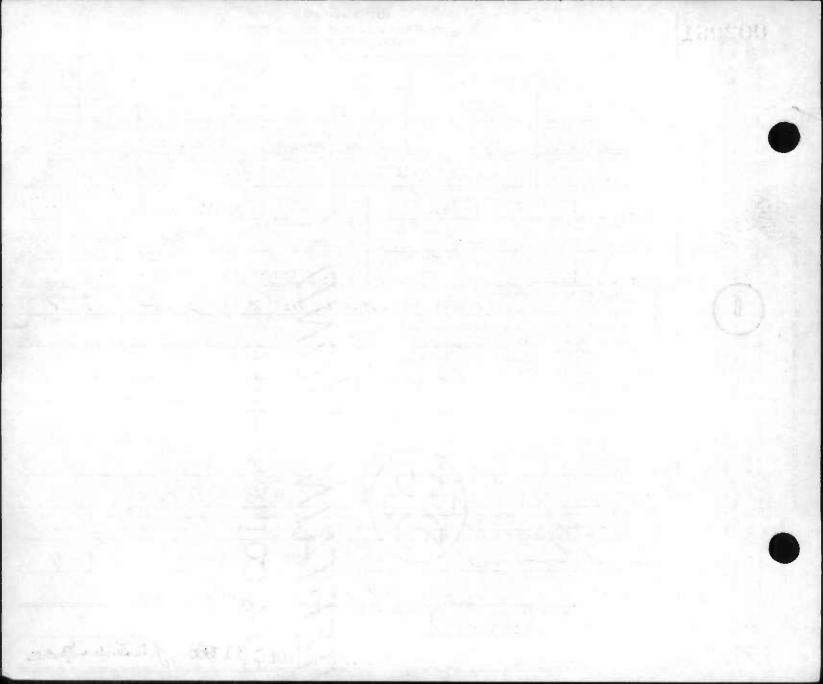
Anatomy Board

FOR STATE REGISTRAR

Balto., Md.

| STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH | NE 8 | 5 REG. | NO | 3 | 3 | 30 | 0 | 6 |
|---|-------------|-----------|-------|----|----|----|----------|---|
| | | | | | | | | |
| LAST | 20. DATE OF | DEATH | MONTH | DA | YE | AR | 2b. HOUR | 7 |

| | ECEASED NAME FIRST PE OR PRINT) | MIDI | DLE | LAST | | | DAY YEAR | 2b. HOU | . 1 |
|-----------------------|--|--|---|--|---|---|--|---------------------------|---------|
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| 3 SE | Female | 4 RACE Whit | | ATE OF BIRTH MONTH 5 15 02 | 6 AGE (IN YEARS LAST BIRTH | | AONTHS DAYS | IF UNDER | 24 HI |
| ₹0. B | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WH | HAT COUNTRY? 8 | ARRIED NEVER MARRIED | 9 BALTIMORE CITY OR | | OF DEATH | | |
| | Pennsylvania | U.S. | WID | OOWED X DIVORCED | Balto. | City | | | |
| | Balto. | Meridia | n Nursing | Home | 120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Director | | 12b. KIND C INDUSTRY YWCA | | SS |
| 13a | JAL RESIDENCE (IF NURSING HOME OF STATE 13 LEOU | NTY 13 | E CITY OR TOWN | 13d INSIDE CHILIMITS? | 13e. STREET ADDRESS | | McMech | en Si 2121 | |
| 14. F | ATHER'S NAME FIRST Walter | MIDDLE Kenne | ŁAST - | 15. MOTHER'S MAIDEN NA FIRST Mary | ME MIDDLE | | Howe | | |
| | WAS DECEASED EVER IN U.S. A | | | NO. 17 INFORMANT | ADDRES | \$ 224 | E. Laf | ayet | te |
| | NO (F TES, G | | 218-32-948 | Ms. Ellen | Moore Ba | ilto. | Md. | | |
| | cause (0), stating the underlying couse last. | DUE TO, OR A | S A CONSEQUENCE | OF | | | | | |
| IFICATION | underlying couse last. | (c)CONDITIONS CON | TRIBUTING TO DEATH | OF 1 BUT NOT RELATED TO THE TERM ATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES | , WERE FINDI | NGS USED OF DEAT | H? |
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| 1 | 1 | | | STATE OF MARYLAND | P1 | · · · · · · · · · · · · · · · · · · · | - |
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| / | | FOR STATE | DEPART | MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH | HYGIENE Ö 🔾 | 3 3 7 0 | U |
| 1116 | | REGISTRAR ASED NAME FIRST | WIDDLE | CERTIFICATE OF DEATH | REG. NO. | NTH DAY YEAR 26 HOUR | |
| | | RPRINT) lula | 0 | removed (KNA) | an 12/22/25 | 12,2 | 20 A |
| . 2 | SEX | Female | 4. RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDA | Y) IF UNDER 1 YEAR IF UNDER 24 | 744 |
| 2 | - 10 | TEMPLE | BLACK | 6-5-1891 | 0 89 | YRS. | |
| | | HPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | | SUNTY OF BEATH | MD. |
| within within | 0 CIT | OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | NG HOME OR OTHER INSTITUTION | | 12b. KIND OF BUSINESS | |
| DC | - | l'himore | 155 Bloom | street | Dones | RKING LIFE) INDUSTRY | |
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| č t | FAT | HER'S NAME | Der Dec | 15. MQTHER'S MAIDE | N NAME | ,000113 | _ |
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| | | AS DECEASED EVER IN U.S. AF | RMED FORCES? 16b. SOCIAL SEC | URITY NO. 17. INFORMANT | ADDRESS | 11 | 27 |
| a de | (1) | , 1000 0101110111 | | 15ARKAR | RA GROSS | 107WHENRIE | TH |
| II. h | | 8 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI | nly ane cause per line for (a), (b), o | 1 | | APPROXIMATE INTERVA BETWEEN ONSET AND DE | ATH . |
| | _ | | TE CAUSE (a) Cardio | ic attest. | | | |
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| John Market | - 1 | Conditions, if any, which gove rise to immediate |) | nucumokovar, pu | ulli ellisolin f | at empolition | _ |
| o the | | cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEOU | JENCE OF 79 27% | Hesel Oleans 61 | 76 | |
| ry, or | | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE | TERMINAL DISEASE OR CONDITI | ON GIVEN IN PART 1(a) | |
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| s on | CERTIFICATION | 9a DATE OF OPERATION | | HOPERATION WAS PERFORMED > | | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? | ? |
| 18 shows | | Pla ACCIDENT WAS UNDERLYING | 27% Hard | 21c HOW INJURY OF | CHIPPED | YES NO | _ |
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| or Item | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | 21e. PLACE OF INJURY | 21f LOCATION | 7 | by Rackey for she | reser. |
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| is mort | 1 | | ital) attended the deceased from | 12/19 .19_ | 65, to 12/12 | 8 , 19 5 , that (1) (we |) lost |
| 22 | | saw the deceased plive or abave, (1) (we) (did) (did no | at) view the body after death. | PS, and that in (my) (our) op | inion death accurred on the date of | and hour and from the couses state | d |
| 19 | | 22b. SIGNATURE | 11 0 | DEGREE ATTENDI | NG MEDICAL STAFF | 22c. DATE SIGNED | |
| TANT | | Yan | | PHYSICIA | AN DIRECTOR PHYSICIAN | 13/88/ | 8/ |
| MPORTA | | 22d PHYSICIAN'S NAME (TYPE | CLLAENDER | 22e ADDRESS | lus Hophi | . Kospital | |
| with the MPORTA | 3a. Bl | IRIAL, CREMATION, REMOVAL | . 23b. DATE 23c. | NAME OF CEMETERY OR CREMATO | ORY 23d. LOCATION . | | _ |
| | (5 | BURIAU | 01-03-85 | MT. ZION CETT | n. BATTIMO | RE MARYLA | 70 |
| 12/80 | 4 FUI | VERAL DIRECTOR | ADDRESS | 250 | DATE JEAN BY REGISTRAND | REGISTRAR'S SIGNATURE | |
| 1 | 6/ | DUNTHOMS | NF.H. 1913 W. | BACTO. 51 | | | |

STATE OF MARYLAND

Wm. C. March F/H 1101 E. North Ave.

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| 354021 | 1- | STATE REGISTRAR | DEPARIM | CERTIFICATE OF DE | | REG. NO. | | | |
|--|---------------|---|---|----------------------------|------------|---|--|-----------------------------------|--|
| death death | 1. DE | CEASED NAME FIRST CHARLE | MIODLE | CRAIG | Sr. | 20. DATE OF DEATH MONTH | 15 85 | 8:27 A | |
| or softer d | 3. SE | Hule | Black | 5. DATE OF BIRTH MONTH OAY | YEAR 20 | 6. AGE (IN YEARS LAST BIRTHOAY) | # UNDER TYEAR MONTHS DAYS YRS | IF UNOER 24 HRS HOURS MIN. | |
| in 72 hou | | RIMPLACE (STATE OR FOREIGN COUNTRY) | 7b. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MA | ARRIED . | Baltimorecity or co | - 1 | Y ME | |
| by the further filled with | 10. C | Balto. | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A | (ODRESS) | UTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Maintance | | BUSINESS OR | |
| filed in mist be | | AL RESIDENCE (IF NURSING HOME OF TATE 136 COUR | NTY 136 CITY OR TOWN | | Y LIMITS? | 13e STREET ADDRESS / ZIP | code h St 2121 | 8 | |
| | 14 F.A | THER'S NAME FIRST Soloman | MIDDLE LAST Crain | 15. MOTHER'S A | | LINK | LAS | т | |
| Poges medicat | | VAS DECEASED EVER IN U.S. AF | VE WAR OR DATES) | RITY NO. 17. INFORMAN | | ADDRESS | S+ | | |
| physicio in popers emovol. event, the | | 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly one cause per line for (a), (b), and | l (e) | Coll | | APPROXI | IMATE INTERVAL ONSET AND DEATH | |
| attending ave corbo fion, ar re oumatic | | Conditions, if ony, which (16) COLLEGE ACTIONS CO | | | | | | | |
| d by the ease remo | | gave rise to immediate couse Io1, staffing the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF | | | | | | Alba | |
| en signed. Then ploy to buri | NOI | | CONDITIONS CONTRIBUTING TO D | | | | | | |
| has be permit ne prid | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH | | | YES NO | IF YES, WERE FINDIN CERTIFYING CAUSES YES [] | OF DEATH? | |
| Conflict mol-tran from 18 y | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE | HOUR A.M. MONTH DA | Y YEAR | | ED (ENTER NATURE OF INJURY IN IT | EM IB PART I OR PART 2) | | |
| Ayr this os the bu th ond M briked or | WED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | | | CITY OR FOWN | COUNTY | STATE | |
| CTOR. A | | 270 certify that (1) (this haspital) attended the deceased from 10 (EVVID) 819 85, to 10 CEVVID 19 5, that (1) (we) lost saw the deceased glive an 15 19 85, and that in (m) (our) apinion death occurred an the date and hour and from the causes stated above (1) (we) (fild) did not) view the body after death. | | | | | | | |
| detacher detacher detacher detacher | | 226. SIGNATURE M. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN | | | | | | SIGNED 198 | |
| O FUNE hould be | | | Glovinsky M | D 22e ADDRESS | man | Park recelt | h syste | 111 | |
| | | SURIAL, CREMATION, REMOVAL SPECIFY) Burial | 12/19/85 23c N | Arbutus MEM | Com | 23d LOCATION CITY OR TOWN | COUNTY | STATE | |
| 16 50M 4/83 A 15, 4) | | Manch F/ | ADORESS 4 1101 F North / | | 750. DATE | DEC 1 8 1985 | EGISTRAR'S SIGNAT | URE | |

NIE V. CO. P. LAND 6 TH 1173 Stanta . THE PROPERTY OF THE PARTY OF TH The second secon San June 1 - Dearlined - Dearlined - Dearlined _ Dayould | Dlucerading Lact & Standard the standard of the standard o - Ange-waren 389, 8 (230

| | the 72 hours ofter death | | - |
|------------------------|--------------------------|---------|------------|
| | he filed a | A | The second |
| Complete Street Street | Poper 2 and 3 should | 1 | |
| ALEST OF COLUMN | Son acception | removed | |

DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

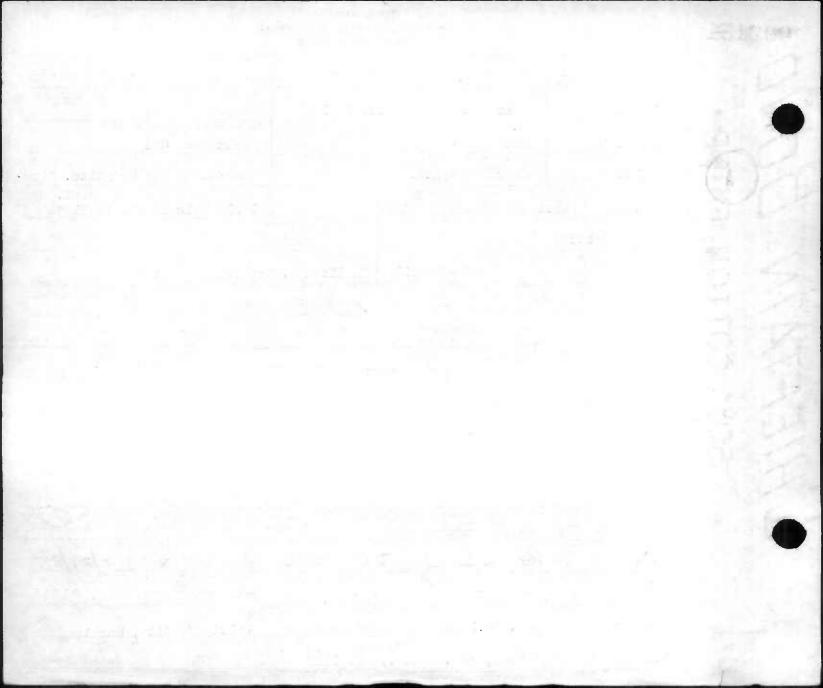
| 100 | 7 | 4.79 | - | 19 | |
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| | | | | | |

8

| | | | | | KEG. IN | U. | | | |
|---|---|--|------------------------|---------------------------------|--|----------------------|-------------------------------------|-----------------------------|--|
| 1. DECEASED NAME FIRST | | MIDDLE | ſ | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR | |
| | ICES, W. | | CF | RANDELL | DECEMBE | 29 | . 1985 8:15R | | |
| 3. SEX | 4. RACE | 5. DATE OF BIRTH | | | 6 AGE (IN YEARS LAST BIE | | IF UNDER I YEAR | IF UNDER 24 HRS | |
| Female White | | | | t. 10,1899 | 86 | YRS | MONTHS DATS | HOURS MIN. | |
| BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | AAARRIE | D NEVER MARRIED | 9. BALTIMORE CITY | R COUNT | Y OF DEATH | | |
| Virginia | USA | | WIDOWE | | Baltimon | e Ci | ty | MD. | |
| Baltimore | | HOSPITAL, NURSII H FACILITY, GIVE STREET H HOSPIT | | DR OTHER INSTITUTION | (Type of work for most of Recreation | | 12b. KIND C INDUSTRY ader Ba] | of BUSINESS OR Lto. City | |
| Maryland Bal | | 13t. CITY OR TOV | VN | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS 10318 Mai | ZIP COI | Circle | ApT. D 21030 | |
| Frank Walters | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA/ | ME | | LAS | | |
| 160 WAS DECEASED EVER IN U.S. A | | 166 SOCIAL SECT | URITY NO | 17 INFORMANT | ADDR | ESS | | | |
| (YES NO OR UNKNOWN) (IF YES, C | GIVE WAR OR DATES) | 477-07-6 | 5511 | Hamilton W. | Crandell | San | me | | |
| Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CANDIDEM 190 DATE OF OPERATION | DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO TA RENA 196. COND STF | R AS A CONSEQUE PNEUMC R AS A CONSEQUE CHRONIC DITRIBUTING TO IT FAILU ITION FOR WHICH RAGGULAT | DENCE OF DEATH BUT JRE | n was performed | 200 AUTOPSY? YES NOK | 20b. IF Y IN CERT | ES, WERE FINDIFIERS | NGS USED | |
| 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED | HOUR A. (ER) P. 21e. PLACE | M. MONTH D M. OF INJURY | 19 | 21t. HOW INJURY OCCURE | | | | 100 | |
| WHILE NOT WHILE O | (AT HOME STI | REET FACTORY, OFFICE, | FARM, ETC) | STREET | CITY OR TO | NWN . | COUNTY | STATE | |
| sow the department of the local state of the local | | | 85 or | DEGREE ATTENDING | death occurred on the d | ote and ha | | | |
| 224 PHYSICIAN'S NAME (TYPE | . RAMSI | | NAME OF C | 220 ADDRESS CHURC | DIRECTOR PHYSIC PH HOSPITA DWAY BALT | T CC | | | |
| 230. BURIAL, CREMATION, REMOVA Cremation | Dec. 30 | | | EMETERY OR CREMATORY reenmount | CITY OR TOWN | 0 0:4 | COUNTY | STATE | |
| 24 FUNERAL DIRECTOR | F-5. 5. | | | | Baltimor E REC'D. BY REGISTRAR | 25b. REG! | STRAR'S SIGNAL | Land | |
| Mitchell-Wiedef | eld Home | The Ba | 0000 | | | | "Trindran | | |

should be detoched for use os the buriol-tron of parmit. Than with the Stote Dept. of Heolth and Mental Hypereserve TO FUNERAL DIRECTOR. After this certificate has TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicians MPORTANT: If Hem 21 is morked or Item 18 she

DHMH - 16 60M 7/B4 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

| | STATE REGISTRAR | TRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | | | | | | | |
|-----------------------|--|---|--|--------|------------------------------------|---|---|-------------|-----------------|
| | EASED NAME FIRST | | MIDDLE | | LAST | 20 DATE KNO | OWN XX MONTH | DAY YEAR | 2b. HOU |
| | William | n N. | | Cra | aver | DEATH MA | TED 12 | -4 19 85 | |
| mal | | S. DATE OF BIRTH | VEAR LAST BIRTHDA | MONTH | | 24 HRS 20 DATE MIN. PRONOUNCED DEAD | MONTH 12 | -4 19 85 | 4:50 |
| FOR | RTHPLACE (STATE OR REIGH COUNTRY) | 76. CHIZEN OF WE | | 2 | ED NEVER MARRI | ED U | CITY OR COUN | TY OF DEATH | |
| 10. CIT | YORTOWN OF DEATH | 11. NAME OF HOS (IF NOT IN SUCH FA | PITAL, NURSING HOME CHITY, GIVE STREET ADDRESS) Prsity Hospi | or oth | ER INSTITUTION | 120 USUAL OCCUPATION FOR MOST OF WORKING SALES MANS | more City ON (TYPE OF WORK LIFE) Ger | Prudent | SINESS Lal I |
| 30. ST MO | | Υ | 13c. CITY OR TOWN Abingdon | ON) | 13d. INSIDE CITY LIMITS? YES NO TO | P. OP Box 3 | 37 Abing | gdon, Md. | 09 |
| Ro | | MIDDLE | Craver | | rlorence | | Ве | ergman | |
| | (AS DECEASED EVER IN U.S. ARM S, NO, OR UNKNOWN) (IF YES, GIVE VI) | | 176-26-23 | | Jean L. C | raver P.O. | Box 337 | Abingdor | ı, Md |
| | Canditions, if any, which gave rise to immediate couse (a) stating the <u>under-lying cause lost</u> PART 2 OTHER SIGNIFICANT CONDITIONS C | (c) | AS A CONSEQUENCE C | | OR CONDITION GIVEN IN PAI | XT 1 (a) | | | |
| MEDICAL CERTIFICATION | 19a. DATE OF OPERATION | | TION FOR WHICH OPER. | | | | | 20 AUTOPSY? | NO [X] |
| CALCE | 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | EATH 11:00 X | MONTH DAY YEAR X 11-21 1985 | dr | iver in aut | to/fixed ob | | | |
| MEDI | 211), INJURY OCCURRED WHILE DOT WHILE AT WORK | STREET FACT | OF INJURY (AT HOME, TORY, FARM, ETC.) | S | ration • 695 south | n of Trappe | Rd.,Bal | to. Co., | Md. |
| 3 | 22e. I certify that ATOOK charge death resulted from Nature ACTUAL SIGNATURE | | REST | Autops | Homicide | Undetermined manne | | | 5 |
| | (TITE OKTKINT) | | myth, M.D. | | ADDRESS111 | Penn St., | | | 01 |
| 127 | rial, cremation, removal 23 5/85 cremation | 12/5/85 | Westview | | Park | Baltimore | | | ATE • |
| | NAME - LETSELL | H. 112 | (ingsville,) | 1d.21 | 087 TOPATE | REC'D. BY REGISTRAR 2 | Julia Tenja | SIGNATURE | |

07/84 25M **DHMH - 17**

Julia Tevidor Books Q 1235

